

2015 PROGRAM PLANS

City of Bethlehem

Bureau of Health

Bethlehem, Pennsylvania

Submitted for

Act 315 and Act 12 Funding

To

The Bureau of Community Health Systems

PENNSYLVANIA DEPARTMENT OF HEALTH

Harrisburg, Pennsylvania

Table of Contents

<u>PART 1 (Personnel Management)</u>	Page
Board of Health-----	4
Administrative and Supervisory Personnel and Salary-----	5
Personnel Resource Summary-----	6
Organizational Chart-----	7
 <u>PART 2 (Fiscal Management)</u>	
Projected Budget Report for 2015-----	9
Budget and Revenue Summary 2015-----	10
Budget and Revenue Summary 2014-----	11
Budget and Expenditure Report for 2014-----	12
Categorical Health Grants-----	13
 <u>PART 3 (Program Plans)</u>	
Introduction-----	15
City of Bethlehem Health Profile-----	16
Administrative and Public Health Planning-----	18
Personal Health Services-----	21
Environmental Health Services-----	78
 <u>PART 4 (Performance Reviews)</u>	
Administrative and Public Health Planning -----	93
Personal Health Services-----	95
Environmental Health Services-----	129

PART ONE
PERSONNEL MANAGEMENT

BOARD OF HEALTH
(As required in 16 P.S. § 12007)

<u>Name</u>	<u>Category</u>	<u>Term of Office</u>
Joseph F. Bacak, III, MD	Physician	1/16
Christopher Alia, MD	Physician	1/19
Dr. Sally Haggerty	Physician	1/17
Patty Zurich	Nurse	1/15
Dr. Terry Marcincin	Dentist	1/18

Meetings are publicly advertised and scheduled for 7:30A.M.on the second Friday of each month.

**ADMINISTRATIVE AND SUPERVISORY
PERSONNEL AND SALARY**

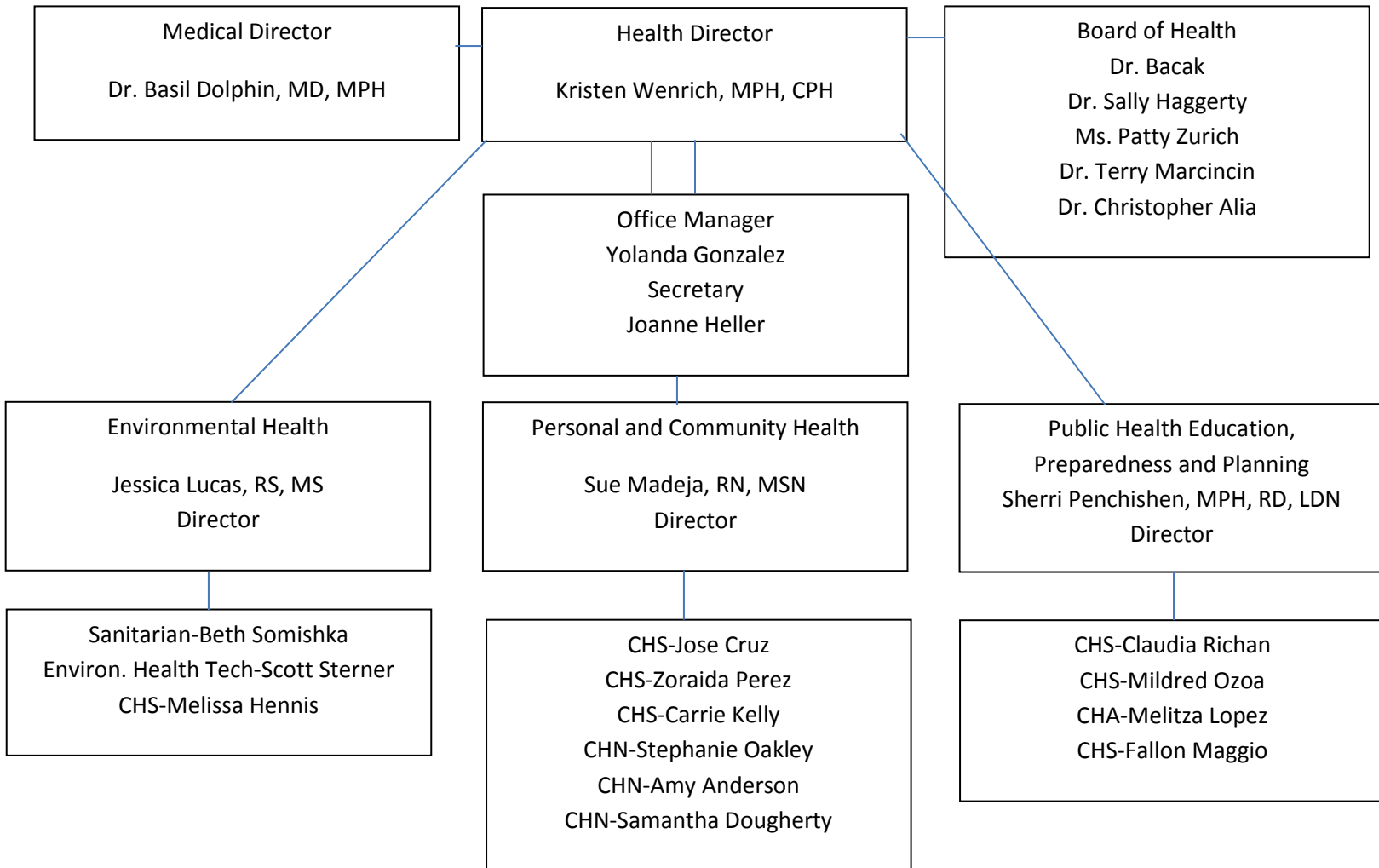
(As required in Chapter 15; §15.22, §15.23, §15.25)

<u>Name</u> <u>Salary</u>	<u>Category</u>	
Kristen Wenrich, MPH, CPH	Health Director	\$83,800
Dr. Basil Dolphin DO, MPH	Medical Director	Gratis
Sue Madeja, RN, MSN	Director of Public Health Nursing	\$78,939
Jessica Lucas, MS, RS, CP-FS	Director of Environmental Health Services	\$78,779
Sherri Penchishen, MPH, RDN, LDN, FAND	Director of Chronic Disease	\$79,019
Yolanda Gonzalez	Office Manager	\$50,408
Joanne Heller	Health Secretary	\$44,781

Personnel Resource Summary
(As required in Chapter 15:§15.4 (a) 3, §15.24)

Functional Unit	Classification	#FTE	Salary
Administration			
	Health Director	1.0	\$83,800
	Medical Director	.2	Gratis
	Office Manager	1.0	\$50,408
	Health Secretary	1.0	\$44,781
Personal Health Services			
	MCH/Nursing Director	1.0	\$78,939
	Community Health Outreach Worker	.5	\$14,406
	Community Health Specialist	2.0	\$101,264
	Community Health Nurse	3.0	\$154,518
Chronic Disease, Health Education, and Public Health Preparedness			
	Chronic Disease Director	1.0	\$79,019
	Community Health Specialist	3.0	\$140,576
	Community Health Assistant	1.0	\$39,136
Environmental Health Services			
	Director Environmental Health	1.0	\$78,779
	Sanitarian	1.0	\$56,135
	Environmental Health Technician	1.0	\$52,992
	Community Health Specialist	1.0	\$46,858
	Environmental Health Support	0.3	\$15,375
TOTAL FTE's		19.0	
SALARIES			\$1,036,986

Health Bureau Organizational Chart



PART TWO

FISCAL MANAGEMENT

Local Health Department Budget and Expenditure - 2014

Act 315, 12: PA CODE: Title 28, Chapter 15; §15.4 (a) 9

Local Health Department Budget and Expenditure - 2015

Act 315/12: PA Code: Title 28, Chapter 15; Section 15.4(a)9

1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS	SUBSIDY BASE	ACT 12	ACT 315
Administrative/Support Services	\$ 898,023.88	\$ 137,500.00	\$ 760,523.88	\$ -	\$ 379,059.00
Public Health Preparedness/MRC	\$ 205,780.75	\$ 205,780.75	\$ -	\$ -	\$ -
TOTAL ADMINISTRATIVE	\$ 1,103,804.63	\$ 343,280.75	\$ 760,523.88	\$ -	\$ 379,059.00
<i>Personal Health Services</i>					
Nursing/Clinical Mngt	\$ 239,070.54	\$ 37,380.00	\$ 201,690.54	\$ -	\$ -
Electronic Health Records	\$ 10,000.00	\$ 10,000.00			
Tuberculosis	\$ 6,242.00	\$ 6,242.00	\$ -	\$ -	\$ -
Immunization	\$ 129,044.00	\$ 129,044.00	\$ -	\$ -	\$ -
HIV/AIDS/Communicable	\$ 105,800.00	\$ 105,800.00	\$ -	\$ -	\$ -
Maternal Child Health	\$ 79,065.00	\$ 79,065.00	\$ -	\$ -	\$ -
Highway Safety	\$ 66,021.00	\$ 66,021.00			
Tobacco	\$ 20,000.00	\$ 20,000.00	\$ -	\$ -	\$ -
Healthy Women	\$ 106,000.00	\$ 106,000.00	\$ -	\$ -	\$ -
TOTAL PERSONAL HEALTH	\$ 761,242.54	\$ 559,552.00	\$ 201,690.54	\$ -	\$ -
Environmental Health Services	\$ 246,157.79	\$ 12,000.00	\$ 234,157.79	\$ 99,814.00	\$ -
NACCHO Food Safety	\$ 12,438.00	\$ 12,438.00			
Lead/ Healthy Homes	\$ 87,369.00	\$ 87,369.00	\$ -	\$ -	\$ -
TOTAL ENVIRONMENTAL HEALTH	\$ 345,964.79	\$ 111,807.00	\$ 234,157.79	\$ 99,814.00	\$ -
SUM QUALIFYING HEALTH PROGRAM	\$ 2,211,011.96	\$ 1,014,639.75	\$ 1,196,372.21	\$ 99,814.00	\$ 379,059.00

BUDGET BY UNIT/ REVENUE BY SOURCE 2015

(As required in Chapter 15; Sections 15.4(a)1, 15.4(a)5)

BUDGET BY UNIT - FY 2015	BUDGET TOTAL	PERCENT
Administration and Support Services	\$ 1,103,804.63	49.92%
Personal Health Services	\$ 761,242.54	34.43%
Environmental Health Services	\$ 345,964.79	15.65%
Other Services	\$ -	
GRAND TOTAL	\$ 2,211,011.96	100.00%

Revenue By Source 2015	BUDGET TOTAL	PERCENT
Grants - Federal	\$ 402,688.75	18.21%
Grants - State	\$ 408,172.00	18.46%
Grants - Private	\$ 16,899.00	0.76%
State Reimbursement (Act 315)	\$ 379,059.00	17.14%
State Reimbursement (Act 12)	\$ 99,814.00	4.51%
Fees & All Misc. License Fees	\$ 186,880.00	8.45%
Local Allotment	\$ 717,499.21	32.45%
GRAND TOTAL	\$ 2,211,011.96	100.00%

Local Health Department Budget and Expenditure -

2014

Act 315/12: PA Code: Title 28, Chapter 15; Section 15.4(a)9

1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS (includes fees/revenues)	SUBSIDY BASE	ACT 12	ACT 315
Administrative/Support Services	\$ 839,497.38	\$ 125,409.00	\$ 714,088.38		\$ 379,059.00
Public Health Preparedness/MRC	\$ 154,616.34	\$ 154,616.34		\$ -	
TOTAL ADMINISTRATIVE	\$ 994,113.72	\$ 280,025.34	\$ 714,088.38		\$ 379,059.00
<i>Personal Health Services</i>					
Nursing/Clinical Mngt	\$ 204,136.56	\$ 33,704.95	\$ 170,431.61		
Tuberculosis	\$ 10,971.63	\$ 10,971.63			
Immunization	\$ 124,071.75	\$ 124,071.75			
HIV/AIDS	\$ 105,997.18	\$ 105,997.18			
Maternal Child Health	\$ 77,096.73	\$ 77,096.73			
Highway Safety	\$ 37,233.09	\$ 37,233.09			
Injury Prevention	\$ 40,617.59	\$ 40,617.59			
Chronic Disease	\$ 81,590.92	\$ 81,590.92			
TOTAL PERSONAL HEALTH	\$ 681,715.45	\$ 511,283.84	\$ 170,431.61		
<i>Environmental Health Services</i>					
	\$ 248,692.45	\$ 25,676.72	\$ 223,015.73	\$ 99,814.00	
	\$ 24,154.78	\$ 24,154.78			
	\$ 172,974.92	\$ 172,974.92			
TOTAL ENVIRONMENTAL HEALTH	\$ 445,822.15	\$ 222,806.42	\$ 223,015.73	\$ 99,814.00	\$ -
SUM QUALIFYING HEALTH PROGRAM	\$ 2,121,651.32	\$ 1,014,115.60	\$ 1,107,535.72	\$ 99,814.00	\$ 379,059.00

BUDGET BY UNIT/ REVENUE BY SOURCE 2014

(As required in Chapter 15; Sections 15.4(a)1, 15.4(a)5)

BUDGET BY UNIT - FY 2014	BUDGET TOTAL	PERCENT
Administration and Support Services	\$ 994,113.72	46.86%
Personal Health Services	\$ 681,715.45	32.13%
Environmental Health Services	\$ 445,822.15	21.01%
Other Services	\$ -	
GRAND TOTAL	\$ 2,121,651.32	100.00%

Revenue By Source - FY 2014	BUDGET TOTAL	PERCENT
Grants - Federal	\$ 336,666.45	15.87%
Grants - State	\$ 459,503.70	21.66%
Grants - Private	\$ 33,154.78	1.56%
State Reimbursement (Act 315)	\$ 379,059.00	17.87%
State Reimbursement (Act 12)	\$ 99,814.00	4.70%
Fees & All Misc. License Fees	\$ 184,790.67	8.71%
Local Allotment	\$ 628,662.72	29.63%
GRAND TOTAL	\$ 2,121,651.32	100.00%

HEALTH GRANTS 2015

CONTRACT	FUNDING FEDERAL/STATE	TERM OF CONTRACT	AMNT
Healthy Woman	State DOH	July 1, 2014-June 30, 2015	\$100,000
Healthy Homes	Pinnacle	July 1, 2014-June 30, 2015	\$5,600
Immunization PA DOH	Federal	July 1, 2014-June 30, 2015	\$162,450
Tuberculosis	State	July 1, 2014-June 30, 2015	\$11,543
HIV Prevention	State/Federal State/Federal	July 1, 2014-June 30, 2015 July 1, 2015-December 31, 2015	\$142,567
Title V Maternal/Child Health	State	July 1, 2014-June 30, 2015	\$84,113
Front Porch Project	Bethlehem Partnership	July 1, 2014-June 30, 2015	\$961.00
Bio-terrorism/Public Health Preparedness	Federal thru PA DOH	July 1, 2014-June 30, 2015	\$179,379
Medical Reserve Corps	NACCHO	2015	\$3,500
Tobacco Cessation	Tobacco Free Northeast	January 1, 2015 – June 30, 2015	\$20,000
Environmental Lead Abatement Program/HHomes	State	July 1, 2014 – May 31, 2015	\$188,678
Highway Safety	PENNDOT	October 1, 2014-September 30, 2015	\$66,021
FDA-Retail Food Standard	AFDO	November 1, 2014 – September 30, 2015	\$ 20,438

PART THREE

PROGRAM PLANS

Introduction

In accordance with the requirements of Act 315 and Title 12 legislation for the Commonwealth of Pennsylvania, the 2015 Program Plans for the Bethlehem Health Bureau are written and submitted to the Pennsylvania Department of Health, Bureau of Community Health Systems. The Bethlehem Health Bureau is an independent municipal health department subject to the stipulations set forth in the 3rd Class City Code for the Commonwealth of Pennsylvania. The Bethlehem Health Bureau operates under the joint leadership of the Board of Health and City of Bethlehem Administration and is entering the thirty fourth year of local health operation. The Bethlehem Health Bureau continues to undertake a leadership role in the community by striving to perform high quality public health services that protect and promote optimal health and well-being to assure Bethlehem is a safe and healthy community.

The major divisions within the Bureau that exist are communicable disease, maternal and child health (MCH), chronic disease and public health emergency preparedness, and environmental health. Three program directors provide administrative oversight for the aforementioned divisions. The communicable disease program consists of STDs, HIV/AIDS, partner services, tuberculosis, immunizations, and disease surveillance. The MCH program consists of prenatal home visiting, child abuse prevention, breastfeeding education, and family planning services. The chronic disease and public health emergency preparedness program focuses on cancer prevention, injury prevention, nutrition, physical activity, diabetes, tobacco cessation, highway safety, and public health emergency preparedness activities. Lastly, services provided under the environmental health program include food safety inspections, facility health inspections, Healthy Homes, and investigation and abatement of public health nuisance complaints.

The Bethlehem Health Bureau recognizes its responsibility to the community by actively participating in National and State Health Improvement Plans. Many of the program objectives outlined in this document take into account the *Healthy People 2020* target goals to improve the health status and eliminate the health disparities among City of Bethlehem residents. In addition, the Health Bureau utilizes data collected through a local health needs assessment to assure that services and resource allocations are directed toward the City's most critical needs and health priorities.

City of Bethlehem Health Profile

DEMOGRAPHIC DATA (2010)

Total Population:	74,982	Asian:	2,143 (2.8%)
White:	57,305 (76.4%)	Other:	10,335 (13.8%)
Black or African American:	5,199 (6.9%)	Hispanic:	18,268 (24.3%)

2010 Population by Age and Sex

Age	Total	Male	Female	Age	Total	Male	Female
All Ages	75,729	36,032	38,950	35-44	8,323	4,022	4,301
Under 5	4,198	2,165	2,033	45-54	9,333	4,447	4,886
5-14	8,011	4,142	3,869	55-64	8,274	3,910	4,364
15-24	14,443	7,488	6,955	65-74	5,101	2,280	2,821
25-34	10,252	5,043	5,209	75+	7,047	2,535	4,512

BIRTH STATISTICS BY RACE AND ETHNICITY 2010-2012

Crude Birth Rate per 1,000 11.99

	All Races	White	Hispanic	Black
% Low Birth Weight	8.3%	6.7%	9.2%	15%
% Receiving no prenatal care in 1 st trimester	24.7%	19.1%	29.9%	41.4%
% births to mothers under 18	3.1%	1.6%	5.6%	5.8%

MORBIDITY 2010-2012

Reported Incidence and Average Annual Rate (per 100,000) for Selected Notifiable Diseases

Disease	Total	Rate
Chlamydia	967	429.61
Gonorrhea	134	59.53
Syphilis	11	4.88
HIV	22	9.77
AIDS	17	7.55
Tuberculosis	4	ND
Rabies (animals)	5	ND

CANCER INCIDENCE 2007-2011

Invasive Cancer Incidence and Average Annual Age-Adjusted Rates (per 100,000)
for Major Sites

	Number of Cases	Rate
Lung Cancer	317	72.0
Breast Cancer	273	67.8
Prostate Cancer	257	60.9
Colon/Rectal	242	55.4
Urinary/Bladder	95	26.6
Thyroid	95	27.9
Non-Hodgkin Lymphoma	103	22.7
Corpus and Uterus, NOS	86	21.6
Melanoma	75	16.8
Pancreas	58	13.5
Kidney	58	13.5

MORTALITY 2010-2012

Number of Resident Deaths 2,263

Crude Death Rate per 1,000 9.97

Selected Major Causes of Death, Number and Average Annual Age Adjusted Death
Rate (per 100,000) 2010-12

Cause	Total	Rate	Cause	Total	Rate
Diseases of Heart	562	172.1	Diabetes	68	21.9
Cancer	478	167.4	Alzheimer's Disease	46	12.3
Chronic Lower Respiratory Disease	110	36.4	Septicemia	50	15.9
Stroke	103	31.6	Nephritis and Nephrosis	56	17.8
Accidents Non-Transport	77	24.8	Pneumonia and Influenza	36	11.5
Transport	21	8.9			

Administration and Public Health Planning 2015 Program Goals and Objectives

The Bethlehem Health Bureau is committed to providing high quality public health services that protect and promote the health of the residents we serve. The Bethlehem Health Bureau serves every City of Bethlehem resident and offers preventive care such as vaccines; conducts restaurant food inspections to ensure the safety of the food; provides smoking cessation programs to assist individuals with quitting smoking; conducts investigations in order to stop the spread of communicable diseases; facilitates fall prevention programs with the elderly; and prepares residents for emergency situations, among many other programs.

The Bethlehem Health Bureau developed an agency-wide strategic plan, Healthy Bethlehem, in 2012. The Health Bureau implemented the strategic initiatives outlined in Healthy Bethlehem and will continue to do so over the next three years. The Health Bureau is also committed to advancing the quality and performance of the health department. In addition to the implementation of strategic initiatives, the Health Bureau will seek to become an accredited health department in 2015.

Prevention is the most effective way to improve health and reduce health care costs. The Bethlehem Health Bureau will work to improve health by (1) diagnosing the most pressing health problems in Bethlehem; (2) identifying the most effective strategies to improve health and lower disease rates; and (3) partnering with members of the community, health care providers, and other key stakeholders in an effort to fulfill our mission and create a healthier Bethlehem.

Goal: To prevent, promote, and protect the health of City of Bethlehem residents in accordance with the ten essential health services.

Objective 1: To implement the Bethlehem Health Bureau's seven priority initiatives as outlined in the strategic plan by December 31, 2015.

Activities:

1. Develop project plans for the identified initiatives: employee wellness, Healthy Homes, accreditation, communications, data infrastructure, quality improvement, and employee development.
2. Convene monthly strategic plan team meetings quarterly to discuss project progress.
3. Continue subcommittees for communications, employee wellness, Healthy Homes, accreditation, and quality improvement.
4. Implement project plans for each of the identified initiatives: employee wellness, Healthy Homes, accreditation, communications, data infrastructure, quality improvement, and employee development.
5. Conduct an annual report highlighting progress and establish the next three-year strategic plan.

Evaluation:

1. Track the number of meetings.
2. Document progress for each initiative.
3. Evaluation component of each project plan.

Objective 2: To monitor the quality of performance of a minimum of 20 health indicators through the establishment and implementation of a performance management system by April 30, 2015.

Activities:

1. Meet with each program area to identify a list of key indicators.
2. Meet with the program managers to review and prioritize key indicators.
3. Establish baseline measures, targets, data source and person(s) responsible for each indicator.
4. Create a final dashboard with all selected measures and implement the system.
5. Integrate performance management into the CI plan for the Health Bureau.

Evaluation:

1. Number of indicators selected and tracked.
2. Number of indicators identified as meeting target.
3. Number of continuous improvement activities identified through performance management system.

Objective 3: Increase revenue from STD Clinic, Family Planning Clinic and Immunizations by 25% from baseline by December 31, 2015.

Activities:

1. Become credentialed with Medicaid HMOs, Medicare Advantage plans, and private insurers that cover the Lehigh Valley.
2. Documentation of billing procedures with staff.
3. Train staff on billing procedures.
4. Pilot billing in Immunization Clinic.
5. Roll billing into STD, TB, and other areas.

Evaluation:

1. Increase in revenues from baseline.
2. Number of program areas billing.
3. Number of insurance companies credentialed/contracted.

Objective 4: To become an accredited health department that meets all required standards of a high performing health department by December 31, 2015.

Activities:

1. Complete documentation required for remaining domains.
2. Submit documentation to the Public Health Accreditation Board (PHAB).
3. Participate in PHAB site visit.
4. Provide additional documentation to PHAB as requested.
5. Receive notification of approval/denial of accreditation.

Evaluation:

1. Final approval by PHAB.

Objective 5: To improve the infrastructure for morbidity, mortality, and health outcome related data in the City of Bethlehem by December 31, 2015 in order to better trend data and identify a minimum of three priority areas.

Activities:

1. Create a City of Bethlehem Health profile for 2015 that measures birth outcomes, mortality, cancer incidence and selected reportable diseases.
2. Trend and compare key health indicators related to mortality, cancer incidence, communicable disease and MCH to prior years data.
3. Determine which indicators need improvement and develop plan to address.
4. Conduct a community health needs assessment.

Evaluation:

1. Health Profile completed.
2. Community health needs assessment completed.
3. Number of priority areas/gaps identified.

Objective 6: To promote the services and programs that the Bethlehem Health Bureau provides to the community by proactively engaging the media in a minimum of 5 stories and increasing the social media following by 25% by December 31, 2015.

Activities:

1. Meet quarterly to discuss social media strategies.
2. Continue to promote Facebook and Twitter accounts.
3. Explore the possibility of linking up with other organizations and businesses to promote public health.
4. Identify a minimum of 5 news stories to promote to the media throughout 2015.
5. Update the Health Bureau's website.

Evaluation:

1. Number of posts to Facebook and Twitter.
2. Number of referrals from social media.
3. Number of Facebook and Twitter followers.
4. Number of stories published.
5. Number of website hits.

Maternal and Child Health Division Program Summary

The Bethlehem Health Bureau (BHB) continues to focus efforts on access to care, infant and child mortality, child abuse, maternal depression, illness reduction in school age children, healthy and safe environments, and dental health, all of which significantly affect maternal and child health in the City of Bethlehem.

Social determinants of health factor greatly into the health status of individuals, especially children. Socioeconomic status, education, household composition, and cultural traditions need to be considered and evaluated in order to determine their impact on disparities in maternal child health. Outreach, including follow-up and referral, in addition to culturally applicable education programs targeting at-risk populations is essential for understanding and reducing risk factors.

BHB has transitioned to the use of primarily evidence based programming as the movement from funders to use extensive science based research is overwhelming to produce positive outcomes. BHB continues to use the Healthy Homes model and the Partners for a Healthy Baby (PFHB) curriculum. Both programs incorporate family safety education and home environmental assessments to assure that families have a safe environment. PFHB incorporates a home visiting model focusing on prenatal care and parenting. The program reinforces early childhood development and family relationships both thought to improve the social determinants of health.

BHB continues to work collaboratively with the local health improvement partnership (HIP), “Bethlehem Partnership for a Healthy Community”, to identify barriers and increase resources. New projects focusing on data collection and analysis have developed to ensure efforts are directed at the appropriate MCH concerns in Bethlehem.

Maternal and Child Health Division 2015 Program Goals and Objectives

Program Goal: To promote the physical, social and emotional health status of mothers, infants, children and families; to eliminate maternal complications of pregnancy; to eliminate infant morbidity; and to reduce health inequities in the City of Bethlehem.

Objective 1: To assure that 100% of families with children referred to the Maternal Child Health Program have access to adequate primary care services and preventative health education programs by December 31, 2015 by assisting in a minimum of 50 COMPASS applications for qualifying families.

Activities:

1. Maintain currently trained, culturally competent staff on Department of Welfare's (DPW) COMPASS electronic database.
2. Assist families with enrollment using DPW's COMPASS electronic database.
3. Maintain database and identify percentages of families/individuals applying and qualifying for insurance benefits including Medicaid and HealthyPA (Medicaid expansion)
4. Refer families ineligible for MA to other qualifying services as needed.
5. Assist women transitioning from SelectPlan to appropriate coverage for preventative health and family planning care.

Evaluation:

1. Documentation of the number of clients referred to BHB for assistance with insurance applications and outcomes of their application status.
2. Document the number of ineligible clients referred to other agencies.

Objective 2: To provide follow up and support to 100% of referred pregnant women and new mothers at risk for prenatal or postpartum depression using an evidence-based screening tool by December 31, 2015.

Activities:

1. Provide educational materials, including the “Depression Helpline”, to all women screened during any prenatal visit and referred by St. Luke’s Women’s Health Center.
2. Attempt phone contact and rescreen of City of Bethlehem women who score @ 10 or above on the Edinburg Depression Screen within one week of referral.
3. Monitor all women for delivery dates and attempt to get postpartum screen results.
4. Provide additional educational material relative to newborn care including “Safe Sleep”, injury prevention, and breastfeeding support/resources as applicable.
5. Document the results of Edinburg screens and necessary referrals provided in an electronic database for City of Bethlehem women screened.
6. Offer “Partners For a Healthy Baby” or “Healthy Homes” visits to pregnant women with high depression screens of Bethlehem families with newborns.

Evaluation:

1. Document educational mailings, home visit attempts, home visits made, and rescreen scores in electronic database.
2. Document the number of women screened from St. Luke’s University Health Network Women’s Health Center and the number of women referred for care.
3. Document total number of screenings EDS scores @ 10 or above who are outside the City of Bethlehem and received educational information and helpline.
4. Document the number of women choosing to breastfeed and the percent who continue breastfeeding through three and six months.

Objective 3: To enroll 80 pregnant or new mothers into either of the MCH home visiting programs: Partners for A Healthy Baby (PFHB) curriculum or Healthy Homes by December 31, 2015.

Activities:

1. Receive referrals from local birthing facilities and agencies serving pregnant mothers and families with children under the age of three.
2. Conduct monthly home visits through three years of age using the research based PFHB curriculum.
3. Provide PFHB educational materials and offer interventions based on the specific needs of the child and family.

4. Make referrals to BHB Healthy Homes program or appropriate agencies for families with unsafe housing and document in database.

Evaluation:

1. Document home visits and information distributed during visits.
2. Keep a database of home visits including demographics and outcome measures.
3. Document all referrals and follow up interventions.

Objective 4: To improve the knowledge, attitude and behaviors of 100% of new parents referred on safe sleeping practices for newborns by December 31, 2015.

Activities:

1. Promote the Cribs for Kids Program and Safe Sleep in the community.
2. Provide home visits to expecting and new mothers to provide safe sleeping education and an appropriate sleep set if needed and 3 week follow up phone call.
3. Continue to seek funding through various grant sources to enhance and sustain the Cribs for Kids program chapter.

Evaluation:

1. Document the number of mothers/caregivers referred, home visits completed and safe sleep education and follow up.
2. Document referrals to community resources as needed.
3. Offer "Partners for a Healthy Baby".

Objective 5: To promote breastfeeding education, awareness and support through membership in the Lehigh Valley Breastfeeding Coalition (LVBC) supporting recommendations of the Surgeon General's "*Call to Action to Support Breastfeeding*" and work toward improving breastfeeding rates at 6 months and 1 year of age through 2015.

Activities:

1. Attend and facilitate monthly coalition meetings.
2. Support local hospitals toward Baby Friendly Hospital Initiative (BFHI) status.
3. Promote the PA DOH & AAP's Keystone 10 program (breastfeeding education, support, training) providing support to educate healthcare professionals and hospital staff toward BFHI status.
4. Provide training of public health staff, office staff, healthcare professionals, and community members including mothers in lactation support

collaboratively with the PA-DOH, Healthy Children's Center for Breastfeeding and Milk Mob center.

5. Support Bethlehem WIC and community mothers by providing free lactation consultations through phone, home visit or group support.

Evaluation:

1. Document monthly LVBC meetings and minutes.
2. Document number of attendees who complete a lactation training programs.
3. Document number of mothers receiving consultations through BHB home visits.
4. Document the number of women choosing to breastfeed and the percent who continue breastfeeding thru three and six months.

**Maternal and Child Health Division
Child and Adolescent Health
2015 Program Goals and Objectives**

Program Goal: To increase the number of Bethlehem City children and teens accessing needed preventative health education programs to improve overall health and wellness in this population.

Objective 1: To increase the number of children and teens by 50% who receive health prevention and education materials and programs by December 31, 2015.

Activities:

1. Provide basic infection control education sessions using the "Glitterbug" best practice hand hygiene educational curriculum four times a year at community events, preschools and BASD public and private elementary, middle and high school health education classes.
2. Utilize bilingual staff as needed to reach Spanish speaking children, adolescents, and parents.

Evaluation:

1. Record number of presentations, participants, locations, and literature distributed.

Objective 2: To increase the number of 15-24 year old women receiving family planning services, reproductive health education and routine gynecological care, including sexually transmitted disease screenings and follow up as recommended by the American College of Obstetrics and Gynecology (ACOG) to at least 50 women by December 31, 2015.

Activities:

1. Refer individuals who are lacking appropriate gynecological care to the Bethlehem Health Bureau Family Planning Program as necessary.
2. Enroll eligible, uninsured women into
3. HealthyPA or Medicaid Expansion through DPW's electronic Compass system to assure access to care.
4. Refer partners of women testing positive for chlamydia and gonorrhea to the BHB Sexually Transmitted Disease clinic for testing and treatment.
5. Provide awareness and outreach to teens through other programs about the services provided at the Family Planning clinic.
6. Provide necessary immunizations to eligible women.

Evaluation:

1. Monthly logs reflect the number and demographics of women consulted and referred to the BHB Women's Health Clinic for family planning services or other agencies for appropriate gynecological care.
2. Documentation of pap smears, gonorrhea/chlamydia cultures, pregnancy tests and referrals for mammography/colposcopy.
3. Documentation of women applying and enrolled in HealthyPA or Medicaid expansion.
4. Documentation of positive chlamydia/gonorrhea screens, treatment and investigations in the PA National Electronic Disease Reporting System (PA-NEDSS).
5. Documentation of partner referrals for women with positive GC/CT screening.

Objective 3: To reduce the incidence of infant and child mortality in children from birth through twenty-one years of age and identify prevention practices to help reduce the number of preventable deaths by 2% in Northampton County and Bethlehem City by December 31, 2015.

Activities:

1. One BHB staff person will participate in quarterly Northampton County Child Death Review Team (NC-CDRT) meetings.
2. Identify prevention efforts to reduce infant and child deaths identified through the NC-CDRT.
3. Enter CDRT review data into National CDRT database for statistical purposes.
4. Continue to seek additional grant funding to analyze birth and death vital statistics and identify public health program interventions that would decrease preventable child deaths in Bethlehem.

Evaluation:

1. Generate an annual report of preventable child deaths and report once annually to CDRT.
2. Attendance by BHB staff person at all NC-CDRT meetings will be documented.
3. Numbers of safe sleep sets distributed, safe sleeping parent education and community brochures distributed through Cribs for Kids will be documented.

4. Public health interventions implemented from team discussion will be documented.

Maternal and Child Health Division Children with Special Healthcare Needs 2015 Program Goals and Objectives

Program Goal: To reduce the impact of environmental conditions on chronic childhood asthma, increase sealant usage to improve dental health for children and assure the physical and mental health of newborns through preventative newborn screening tests, SIDS counseling and education and necessary follow up for families in Bethlehem.

Objective 1: To increase by 10% the number of children with at least one tooth sealant in Bethlehem Area School District students served by the Bethlehem Partnership Dental Initiative by December 31, 2015.

Activities:

1. Collaborate with the Bethlehem Partnership's Mobile Dental Health Initiative to reach children identified as needing preventative and prophylactic dental care and the application of tooth sealants.
2. Provide at least 8 dental health presentations to schools/community agencies.

Evaluation:

1. Evaluate data from the Northampton Community College (NCC) sealant days and Health Star II Mobile dental van to document the number of sealants applied through these programs.
2. Document the number of educational presentations and participants at the dental health programs.

Objective 2: To assure 100% of infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2015.

Activities:

1. Provide follow up testing to all infants and children referred to the Bethlehem Health Bureau MCH program for follow up mandatory newborn screening including PKU deficiency.
2. Provide follow up for non-compliant parents of infants and children identified with a PKU deficiency and notify the referral source and PA Department of Health if families cannot be located.
3. Provide appropriate laboratory slips and mailing information to all PKU families in Bethlehem.

Evaluation:

1. Document follow up for PKU testing on any infant or child referred to the BHB from hospitals or pediatricians with abnormal PKU tests.
2. Attempt and document three contacts, phone, mail and home visit for any family referred for non-compliance for PKU follow up testing or medical evaluation.
3. Records of failed attempts to locate families will be kept and reported to the referral source and PA DOH.

Objective 3: To provide counseling, support and referrals to 100% of families of infants experiencing Sudden Infant Death Syndrome (SIDS) in Bethlehem City by December 31, 2015.

Activities:

1. Attempt 3 contacts to all Bethlehem families experiencing a sudden infant death to the BHB SIDS counselor within 48 hours of referral.
2. Send the PA Department of Health a letter and offer a voluntary home visit to all families experiencing a SIDS death to offer support, counseling and referrals for additional services.
3. Refer families experiencing loss or an infant death to PA "CribsforKids" website for grief resources and support.

Evaluation:

1. Maintain record of SIDS referrals, mailings and contacts with family members.
2. Document letter sent, home visit and referrals for all families.

Objective 4: To assure that 100% of infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2015.

Activities:

1. The MCH nurse will contact Bethlehem families referred for infants who failed newborn screening testing at local hospital birthing units within 48 hours of referral.
2. Notify the referral source and PA Department of Health if families cannot be located.

Evaluation:

1. Documentation of referrals and successful attempts to contact will be maintained.
2. Documentation of follow up hearing rescreening appointments will be kept.
3. Records of failed attempts to locate families will be kept and reported to the referral source and PA DOH.

Communicable Disease Division Immunization Program Program Summary

The Communicable Disease Program of the Bethlehem Health Bureau (BHB) is responsible for the surveillance, investigation, and education of all reportable communicable diseases within the City of Bethlehem. Reports are received through the statewide database, Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS). Community health nurses investigate reports and implement control and prevention strategies through education of patients or facilities during identified community disease outbreaks.

Communicable disease outbreaks are coordinated with the entire bureau using the incident command system to ensure an efficient response. A network with area hospitals, health departments, school districts and private physicians is utilized to alert the appropriate parties to possible public health concerns. BHB also confers with district and state health offices to ensure the safety of the community.

Specific population-based goals and measurable objectives, consistent with the National *Healthy People 2020* initiative, are selected as indicators of health status. As new public health concerns arise, additional health indicators are added to the ongoing surveillance system. The list of health indicators is not to be considered a definitive list but rather a targeted beginning point for an ongoing process. Analysis of the indicators allows BHB to identify local health trends over time and measure progress towards national, state and regional goals.

Communicable Disease Division Immunization Program 2015 Program Goals and Objectives

Goal: To decrease the incidence and health consequences of communicable diseases in the City of Bethlehem and provide education and prevention strategies to the community.

Objective 1: To increase the identification and reduce the transmission of communicable diseases by investigating 100% of PA reportable diseases and confirmed communicable disease outbreaks in accordance with the guidelines indicated by the Pennsylvania Department of Health (PADOH) through December 31, 2015.

Activities:

1. Use and maintain the CDC's National Electronic Disease Surveillance System (PA NEDSS) for Pennsylvania and the National Outbreak Reporting System (NORS) to identify, assign, and investigate all reportable diseases and outbreaks in Bethlehem City.
2. Conduct epidemiological interviews with individuals reported to BHB, identify contacts, and implement appropriate measures for containment and/or treatment of the communicable disease.
3. Update and maintain any communicable disease-specific form letters or educational materials that are used for investigative, outreach, or outbreak response purposes, if appropriate.
4. Monitor secure syndromic surveillance and epidemiological databases including: SAMS (Epi-X), NORS, PA Health Alert Network, Epicenter HMS Disease Surveillance and PA-NEDSS to assure adequate response to potential health threats on a national, state, and local level.

Evaluation:

1. Conduct monthly quality assurance on NEDSS disease investigations to assure timeliness and completeness of investigations and follow up.
2. Monitor 100% of the PA Health Alert Network and distribute health alerts to the appropriate individual/agencies in the event of a communicable disease outbreak or a bioterrorist incident or threat.
3. Investigate 100% of all reportable diseases through PA-NEDSS, with the exception for the diseases that fall into the "No Follow Up Necessary" category.
4. Report 100% of disease outbreaks, with the primary case residing or occurring in the City of Bethlehem, into the National Outbreak Reporting System (NORS) and PA-NEDSS.
5. Ensure that 100% of staff who have access to PA-NEDSS complete the PA-NEDSS Confidentiality and Security LMS Training Module annually.

Objective 2: To increase staff competency in communicable disease investigation, and epidemiological practices, as related to disease incidence in the City of Bethlehem through attendance or viewing of a minimum of 12 webinars/webex/trainings/conferences by December 31, 2015.

Activities:

1. Disseminate health alerts, journal articles, and website addresses relevant to current public health issues and practices.
2. Assure staff competency on the PA NEDSS system for investigative and analyses purposes.
3. Participate in four state and regional epidemiology conference calls/ meetings.
4. Participate in monthly local infection control department hospital meetings to provide information important to the role of the department in communicable disease control.
5. Train staff on the new CDC Epi-Info 7 for purposes of better internal data analysis.

Evaluation:

1. Document attendance at quarterly PA-DOH Epidemiology meetings and conference calls held by the DOH.
2. Documentation will show that 100% of communicable disease investigators participated in appropriate or necessary training on the PA NEDSS system for both investigative and analyses purposes.
3. Document monthly communicable disease meetings for the Bethlehem Health Bureau investigative staff to review disease investigations, incidence and epidemiological practice.
4. Documentation that 100% of managerial staff received the most current training on the PA Health Alert Network, NORIS, RODS and SAMS (Epi-X).
5. Communicable disease investigators will participate in relevant PA-DOH epidemiology webinars or communicable disease training courses.

Communicable Disease Division Immunization Program Program Summary

Although the incidence of vaccine preventable diseases continues to decrease in the United States, a risk of occurrence remains for some diseases. Due to this risk, the goal of the immunization program remains to decrease and/or eliminate the indigenous cases of vaccine preventable diseases by increasing immunization awareness and rates in the adults and children residing in the City of Bethlehem. This is primarily accomplished through collaboration with community partners, including the Bethlehem Area School District; community based education; surveillance and investigations of vaccine preventable diseases; and immunization clinics.

Communicable Disease Division Immunization Program 2015 Program Goals and Objectives

Goal: To assure competent, consistent, and convenient immunization services to uninsured and underinsured Bethlehem Area School District (BASD) children and adult city residents.

Objective 1: Bethlehem Health Bureau immunization program will investigate 100% of vaccine preventable diseases reported through PA NEDSS to reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases in Bethlehem by December 31, 2015.

Activities:

1. Continue vaccine preventable disease surveillance and investigation daily through the Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS).
2. Contact at least 5 providers to explore the use of PA NEDSS for disease reporting.
3. Participate in vaccine preventable disease outbreak investigations including case identification, interviewing, treatment and follow-up.
4. Ensure that all infants born to Hepatitis B Surface Antigen positive mothers are enrolled in the Perinatal Hepatitis B Prevention Program.
5. Ensure all identified household contacts of Hepatitis B Surface Antigen positive cases are provided Hepatitis B Immune Globulin and the Hepatitis B vaccine series according to the recommended schedule.
6. Participate in the administration of vaccines in mass immunization programs as requested by the PA DOH Division of Immunization.
7. Investigate and report any adverse reactions to vaccines to Vaccine Adverse Event Reporting System (VAERS).

Evaluation:

1. Documentation in PA NEDSS of all vaccine preventable disease reports, investigations and outbreaks as indicated.
2. Documentation of all infants enrolled into the Perinatal Hepatitis B Prevention Program and complete investigations of cases in NEDSS.
3. Hepatitis B IGG and Hep B immunizations will be documented in NEDSS for all confirmed Hepatitis B contacts.
4. Document the number of VAERS reports annually.
5. Document the number of awareness and educational programs, events and advertising campaigns.

Objective 2: Increase the percentage of clients who return to scheduled appointment or receive additional vaccinations at private provider from 90% to 95% by December 31, 2015.

Activities:

1. Review immunization sign-in sheets for clinics from July-December 2015. Conduct two reminder calls and one letter following missed appointments, before discharge from the clinic.
2. Follow up calls/letters made to parents of children with no-show status to clinic appointments.
3. Connect children with insurance and source of care.
4. Screen & track all children seen in the clinic for VFC, CHIP and medical assistance eligibility and refer appropriately.

Evaluation:

1. 98% of children birth-18 years attending BHB immunization clinic requiring follow-up appointments will have been connected to a private provider or returned to BHB for follow-up immunizations. Documentation of three attempts to remind clients of the need for follow up immunizations.
2. 100% of children birth-18years who attended BHB clinics for immunizations will be connected to provider or referred to BHB for follow-up immunizations.
3. 95% of children will have SIIS records reviewed and have an identified insurance and primary provider/clinic.

Objective 3: Increase routine vaccination coverage levels for adolescents to 95% for adolescents attending the Bethlehem Area School District and BHB immunization clinics by December 31, 2015.

Activities:

1. PA DOH Statewide Immunization Information System (SIIS) will track 95% completion rates of Tdap, HPV, MCV for adolescents in BASD and attending BHB immunization clinics.
2. Conduct at least one adolescent immunization awareness event annually for residents in the BASD service area.
3. Provide parents with information in regards to required immunizations for school attendance and the current immunization clinic schedule. This information will be culturally sensitive and ethnically appropriate to reach out to the diverse population.

Evaluation:

1. SIIS annual record assessment will reflect an adolescent immunization completion rate of 95%.
2. BASD immunization rates will reflect a 95% adolescent rate.
3. Documentation of a Bethlehem/BASD awareness event and the number of individuals reached through the event.

Objective 4: Increase the adult immunization completion rates by 50% for Hepatitis B, MMR, and Varicella series for adults by December 31, 2015.

Activities:

1. Continue to offer convenient adult immunization clinics in Bethlehem communities.
2. Provide regular training on current CDC adult immunization recommendations for staff and BHB nurses.

Evaluation:

1. Document the number of clinics held and number vaccinated at each clinic.
2. Document the number of training events for staff and nurses.

Objective 5: The immunization program will promote 2 national immunization awareness events for children and adults as an active member of the Lehigh Valley Immunization Coalition (LVIC) by December 31, 2015.

Activities:

1. Collaborate with the Allentown Health Bureau, Northampton and Lehigh County State Health Departments and the PA DOH Northeast State immunization program representative, community agencies, school district nurses and local businesses in recruiting new Coalition members.
2. Co-conduct four LVIC meetings to discuss, plan and conduct local initiatives to increase resources and awareness of recommended immunizations in the Lehigh Valley community.
3. Conduct at least two local collaborative awareness initiatives to promote child and adult immunizations for the community annually.

Evaluation:

1. Document attendance at four coalition meetings annually.
2. Review coalition minutes to evaluate successes in reaching the identified goals and the target populations.
3. Document at least two collaborative education and awareness initiatives and immunization events for BASD students, City residents and employees, community agencies and businesses.

Objective 6: The immunization program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2015.

Activities:

1. Bethlehem Health Bureau nursing or administrative staff will attend the 2015 National Conference on Immunization Health Coalitions (NCIHC) and provide feedback to other nursing staff. The nursing staff will attend CDC immunization update satellite conferences, participate in webcasts and/or appropriate educational programs to increase knowledge of immunization practices and meet continuing nursing education credit requirements for RN licensure.
2. The immunization staff will participate in scheduled monthly preparedness trainings and drills related to mass immunization and potential bioterrorism events.

Evaluation:

1. Maintain a written log of all educational conferences, webcasts, trainings, and tabletop drills attended and any updated immunization material received.
2. Maintain updated immunization training resources in the Immunization office which are easily accessible to staff.

Objective 7: The immunization program will plan and participate in at least six health promotion events for specific targeted populations to increase awareness and immunization rates by December 31, 2015.

Activities:

1. Celebrate National Infant Immunization Week (April), Adult Immunization Week (Sept), Hepatitis Awareness Month (May), National Adolescent Immunization Week (June), Influenza Awareness Week (November), National Immunization Month (August) through culturally and ethnically appropriate educational and media campaigns.
2. Collaborate with the BHB sexually transmitted disease program, tuberculosis program and wellness clinic in providing uninsured and high-risk clients with needed Hepatitis A and B, HPV, influenza and Tdap immunizations.
3. Participate in activities related to National Public Health Week April 2015 focusing on immunization awareness in the community.
4. Promote and provide Hepatitis C education and testing for at risk individuals.

Evaluation:

1. Maintain a log of activities conducted that promote immunization messages and services.
2. Document at least six media, special events, awareness weeks or promotions conducted as required by the PA DOH immunization grant, Document the number and type of vaccines given at the women's health, STD, wellness, Bethlehem Area School District, special awareness clinics in 2015.

Objective 8: Increase flu vaccination rates by 25% among City of Bethlehem residents and Bethlehem Area School District (BASD) children by December 31, 2015.

Activities:

1. Continue to offer convenient flu immunization clinics in Bethlehem communities.
2. Conduct a flu immunization drive-thru clinic for City of Bethlehem residents and BASD children.

Evaluation:

1. Review and analyze PA DOH assessment data/reports to verify annual influenza vaccination rates.
2. Document the number of clinics held and number vaccinated at each clinic.

Communicable Disease Division Tuberculosis Program Program Summary

Tuberculosis (TB) remains a serious public health threat and continues to be the second leading cause of death from infectious disease after HIV. An estimated 2 billion persons are infected with the bacteria that cause TB. WHO statistics inform that for 2013 the incidence (new cases yearly) of TB worldwide was 9 million and prevalence (existing active cases) was 11 million. In 2013 there were 1.5 million TB related deaths worldwide. During 2013, the rate of TB in the United States was 3.0 cases per 100,000 population.

According to the CDC, in 2013, there were 9,582 cases of TB in the United States, a rate of 3.0 cases per 100,000 people. This represents a 4.3% case rate decline from 2012. In 2013, 65% of TB cases occurred in foreign-born persons, with the highest proportion reporting their birth country as Mexico, Philippines, India, Vietnam, and China. Furthermore, drug resistance, poverty, IV drug use, poor compliance with prescribed antibiotics, and an increase in number of residents in long-term care facilities have also added to the overall incidence of US TB cases.

In 2013, Pennsylvania ranked 31st in the nation by the number of TB cases; this is the same rank as 2012. The number of cases in Pennsylvania decreased slightly from 234 cases in 2012 to 214 cases in 2013.

Given the fact that the TB case rate for Pennsylvania has not changed much in the past 10 years, it is important to remember that neither has the rate of multi-drug resistant TB. However, the rate of *extensively* drug resistant TB, though very low incidence, has doubled nationwide from 2 to 4 cases. In 2013, Pennsylvania had three cases of multi-drug resistant TB as well as 8.3% of cases resistant to at least one primary drug in 2013. Bearing in mind that drug resistance is not declining, it is important that the Bethlehem Health Bureau continue its TB control strategies such as education about TB and its spread, following DOT procedures for active cases, and maintaining a good rapport with latent TB infected patients currently receiving treatment. In accordance with the Tuberculosis Control Program policy the Bethlehem Health Bureau will continue mandatory DOT (Directly Observed Therapy) for 100% of active TB patients and DOPT (Directly Observed Preventative Therapy) for those latent TB patients at high risk for non-adherence to prescribed TB medications especially young children.

Without intervention, it is estimated that 10% of infected individuals will develop TB disease at some point in their lifetime. This number increases greatly when co-

infections such as HIV or diabetes are present. Research has found that approximately 50% of patients taking TNF Alpha antagonist medicines and medications causing immunocompromised health can develop TB in a short period of time. With the increased use of Interferon Gamma Release Assay test for TB infection, reporting by rheumatologists has increased. It is critical that persons who test positive for TB infection and have these co-morbidities be managed by the TB clinic or followed to determine if adequate treatment has occurred. Targeted interventions for populations at high risk and strong local TB intervention programs are critical to TB elimination. Throughout 2015, the Bethlehem Health Bureau will continue to follow CDC and PA DOH public health policies to control and prevent the spread of TB.

Communicable Disease Division Tuberculosis Program 2015 Program Goals and Objectives

Goal: To reduce the transmission of tuberculosis and its associated health consequences through surveillance, report investigation, education and medical treatment.

Objective 1: To reduce the transmission and health consequences of 100% of patients with active tuberculosis by providing case management and medical treatment in accordance with the CDC's recommended therapy regimen by December 31, 2015.

Activities:

1. Educate patients and families on tuberculosis, treatment medications, side effects and stress the importance of compliance to reduce the multi-drug resistant tuberculosis or complications.
2. Provide Directly Observed Therapy (DOT) through appropriately trained staff working collaboratively with the patient's needs.
3. Develop and maintain multi-lingual educational materials for minority populations along with access to the language line to provide appropriate and adequate communication with the patient considering the individual patient needs.

Evaluation:

1. NEDSS investigations for all patients with active TB will be initiated and completed.
2. NEDSS Cognos and Analyses will be used to monitor treatment adherence.
3. DOT visits will be documented on all patients for the recommended length of treatment required.

Objective 2: To increase the number of LTBI patients to agree to treatment and adhere to the treatment for the recommended amount of time by 10% throughout 2015.

Activities:

1. Identify barriers of care and provide appropriate methods to overcome this barrier (language line, translator, bi-lingual education materials).
2. Educate individuals on latent TB infection, disease, medication regimen and side-effects, and the adverse effects of non-adherence to therapy.
3. Provide clients with monthly appointments for medical assessment by an RN and medication pick-up and send monthly reminder letters if necessary.
4. Allow patients three contact attempts to return to treatment before discharging from care.
5. Collaborate with health bureau TB physician and Medical Director to manage patient needs for interventions according to TB clinic guidelines.
6. Document LTBI patients and those with positive TB screening tests in PA NEDSS.
7. Recommend the IGRA blood assay (Quantiferon Gold or T-Spot) test for appropriate individuals

Evaluation:

1. Document reasons for non-adherence to treatment in the client's chart and in NEDSS.
2. Document three attempts to contact in the patients chart and in PA NEDSS.
3. Document monthly visits for assessment and medication pick-up, adverse side effects and barriers to care for all clients.
4. Review patient charts to assure monthly monitoring is completed and no barriers to care exist.

Objective 3: To reduce the transmission and health impact of tuberculosis by initiating PA NEDSS investigations for 100% of active or suspected tuberculosis cases within one working day of report or referral as recommended by the PADOH's tuberculosis treatment guidelines by December 31, 2015.

Activities:

1. Interview each client within one working day of report/referral receipt.
2. Report all suspected or confirmed active MTB cases to the State District Registrar within one day after receiving report.
3. Document investigation details in NEDSS and adhere to the record keeping standards set forth by the PA DOH TB control program for each patient.
4. Keep a copy of each RCVT case report in patient's chart.

Evaluation:

1. Chart documentation will show that 100% of new active/suspected TB cases will have received an interview within 24 working hours.
2. Chart data collected will reflect disease progress and effectiveness of treatment.
3. 100% of active and latent TB investigations will be entered in PA NEDSS and investigation details completed.

Objective 4: To reduce the transmission of tuberculosis through contact investigation and tuberculin testing of 100% of close contacts focusing on immunocompromised individuals and children under 5 years of age using the CDC algorithm for TB disease investigation and management to identify the source case of infection throughout 2015

Activities:

1. Interview patient to determine parameters to be applied through application of the contact investigation algorithm for TB disease investigation and management.
2. Interview and test all close contacts at no charge.
3. Provide referrals and medical evaluations at the Bethlehem Health Bureau TB MD clinic to individuals who have tested positive and refer for further evaluation.
4. Administer second TST after 12 weeks to children and adults of active TB contacts with an initial negative TST.

Evaluation:

1. Document interviews and TST testing of close contacts in PA NEDSS and on RCVT.
2. Document ongoing investigation details in PA NEDSS including medical referrals and follow-up testing results.
3. PA NEDSS TB investigations will be monitored for completeness of required information by PA DOH staff and corrections made by BHB TB staff.

Objective 5: To increase the identification and reduce the complications of co-morbid tuberculosis and HIV infections by increasing the number of clients who participate in latent TB prophylaxis therapy and receive HIV testing by 50% by December 31, 2015.

Activities:

1. 100% of patients will be provided information on the correlation between TB and HIV and will be provided educational information and offered HIV testing on their initial clinic visit.
2. At the monthly tuberculosis RN monitoring clinic, patients who have not had HIV testing at their initial MD clinic visit will be educated and encouraged to have free HIV testing.

Objective 6: Educate the general public and outside providers about TB, TB testing and CDC guidelines by providing 25 outreach events/activities regarding testing by December 31, 2015.

Activities:

1. Utilize social media to reach the general public to educate on basic TB information.
2. Reach out to providers in Bethlehem to encourage TB testing only for at-risk individuals, according to CDC guideline.
3. Attend at least five local and regional TB conferences, trainings, webinars, and or webcasts to stay updated on new TB information.

Evaluation:

1. At least 5 social media posts throughout 2015 regarding TB.
2. At least 10 letters are sent to providers regarding CDC guidelines on testing.
3. At least 5 TB trainings are documented in Activity Tracker.

**Communicable Disease Division
HIV/AIDS Program
Program Summary**

The CDC estimates that 1.2 million people in the United States were living with HIV at the end of 2011, the most recent year that this information was available. Of those people, about 14% do not know that they are infected. In 2010, there were around 47,500 new HIV infections in the United States.

The Bethlehem Health Bureau's proposed activities align with the National HIV/AIDS Strategy and Pennsylvania's Comprehensive HIV Plan. The overarching goals of the Bethlehem Health Bureau's HIV/AIDS prevention program include reducing new HIV infections and reducing HIV-related disparities, particularly in the Latino and MSM populations. In addition, a primary focus will be on prevention with HIV positive individuals in an effort to reduce further HIV transmission. The Bethlehem Health Bureau will continue to work on the following initiatives: (1) targeted HIV testing with a specific emphasis on MSM and IVDU; (2) social networking strategies with the MSM

community; (3) partner services with HIV positive individuals; and (4) surveillance activities.

Communicable Disease Division HIV/AIDS Program 2015 Program Goals and Objectives

Goal: To reduce the spread of HIV and its consequences to health, particularly among at-risk populations, through HIV prevention counseling/testing, surveillance, education, and partner services.

Objective 1: Increase the number of individuals who participate in an HIV prevention counseling intervention and test from 698 to 845 by December 31, 2015.

Activities:

1. BHB will provide confidential counseling/ testing/ referral services for at-risk individuals at Wellness Clinic, STD Clinic, Women's Clinic and other outreach sites.
2. All patients within BHB jurisdiction diagnosed with chlamydia, gonorrhea, syphilis, hepatitis C, or tuberculosis and reported through PA NEDSS will be offered an HIV prevention counseling session/ testing.
3. Persons named as a sex contact to an STD, regardless of residency, will be referred to a BHB CTR site for HIV prevention counseling/testing.
4. Advertise clinics through flyers, media, and websites.
5. Make HIV CTR available during National HIV Testing Day, Latino HIV/AIDS Awareness Day and World AIDS Day.

Evaluation:

1. Prepare monthly HIV counseling/testing report and analyze data captured on the PEMS forms which is entered on CDC Evalweb database. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
2. Perform counselor observations annually.
3. Bi-annually, review and analyze interim progress report and annual progress report submitted to PA HIV/AIDS Division.

Objective 2: Increase the percentage of all the people tested at a BHB CTR site that identified at least one of the following risk factors: IV drug use, partner of an IV drug user, sex for drug/money, MSM or sex with HIV positive person from 13% to 25% by December 31, 2015.

Activities:

1. BHB will provide confidential counseling/ testing/ referral services for at-risk individuals at Wellness Clinic, STD Clinic, Women's Clinic and other outreach sites.
2. Conduct targeted CTR at all outreach sites.
3. Test partners named and located through partner services and STD partner elicitation.
4. Make HIV CTR available during National HIV Testing Day, Latino HIV/AIDS Awareness Day and World AIDS Day.

Evaluation:

1. Prepare monthly HIV counseling/testing report and analyze data captured on the PEMS forms which is entered on CDC Evalweb database. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
2. Bi-annually, review and analyze interim progress report and annual progress report submitted to PA HIV/AIDS Division to evaluate the number of tests completed and percentage of individuals tested who identified a targeted risk factor for HIV infection.

Objective 3: Recruit 5 MSM identified individuals to participate in the Social Network Strategy by December 31, 2015.

Activities:

1. Identify and recruit individuals to participate in the program through LGBT groups, organizations and businesses that provide services to the MSM population.
2. Screen potential recruiters at BHB CTR sites, provide them with an orientation and complete all necessary paperwork.
3. Elicit information about network associates.
4. Coach recruiters to recruit and refer network associates.
5. Test network associates who are referred by the recruiter and complete all necessary paperwork.

6. Give gift cards to recruiter and network associates referred for CTR.
7. Bi-monthly, attend regional MSM Prevention Task Force meetings.

Evaluation:

1. Track the number of individuals enlisted to serve as recruiters.
2. Track the number of individuals enlisted as recruiters who were previously network associates.
3. Track the number of network associates identified or elicited from recruiters.
4. Track the number of network associates who received an HIV test.
5. Number and percentage of persons newly identified HIV positive.
6. Conduct quality assurance on social network testing data collection forms/logs for accuracy.

Objective 4: Increase from 2 to 4 the number of HIV positives identified through BHB HIV CTR sites by December 31, 2015.

Activities:

1. BHB will provide confidential targeted counseling/ testing/ referral services for at-risk individuals at Wellness Clinic, STD Clinic, Women's Clinic and other outreach sites.
2. All patients within BHB jurisdiction diagnosed with chlamydia, gonorrhea, syphilis, hepatitis C, or tuberculosis and reported through PA NEDSS will be offered an HIV prevention counseling session.
3. Persons named as a sex contact to an STD, regardless of residency, will be referred to a BHB CTR site for HIV prevention counseling/testing.
4. Offer anonymous HIV prevention counseling/testing at a walk-in clinic for at-risk populations as indicated by the Pennsylvania HIV Community Prevention Plan.
5. BHB will schedule an interview with all newly identified or previously tested HIV positive individuals, within BHB jurisdiction and reported through PA NEDSS, to elicit and locate named needle sharing and/or sexual partners for counseling/ testing/ referral services.

Evaluation:

1. Prepare monthly HIV counseling/testing report by analyzing data captured on the PEMS forms and entered on CDC Evalweb database. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.

2. Bi-annually, review and analyze interim progress report and annual progress report submitted to PA HIV/AIDS Division to Monitor the HIV positive rate at each CTR site.

Objective 5: Increase from 29 to 36 the number of HIV positive patients participating in partner services by December 31, 2015.

Activities:

1. Partner services will be offered to individuals testing positive at BHB testing sites, patients from the medical clinic at St Luke's Hospital Specialty Care Clinic, and to newly identified or previously tested HIV positive individuals reported through PA NEDSS.
2. Provide partner services to HIV positive persons identified through PPA activities at AIDS Services Center and Latino for Healthy Communities.
3. Send confidential letter to HIV positive patients tested, through private providers and reported through PA NEDSS, for a face to face interview.
4. Provide partner services following CDC guidelines.
5. Collect information about sex and/or drug sharing partners by using the HIV partner notification reporting form.
6. Open in HIV PA NEDSS an STD (other non-reportable) investigation on all HIV positive persons and partners interviewed for partner services.
7. Enter patient's non-identifiable data in excel data base.
8. Bi-annually, complete and submit the interim progress report and annual progress report to PA DOH HIV/AIDS Division.

Evaluation:

1. Collect and report standardized process and outcome monitoring data consistent with Department and CDC requirements yearly.
2. Prepare monthly HIV counseling/testing report by analyzing data captured on the PEMS forms and entered on CDC Evaluationweb database. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
3. Bi-annually, review, analyzes and submits the interim progress report and annual progress report to the PA HIV/AIDS Division.

Objective 6: Increase the number of face to face interviews with newly identified or previously identified HIV positive persons who are tested through a private provider and reported through PA NEDSS from 5 to 10 by December 31, 2015.

Activities:

1. Report all HIV positive persons identified during the provision of HIV CTR and Partner Services by name.
2. Mail a confidential letter to schedule a face to face interview with all newly identified or previously tested HIV positive individuals tested by a private provider, and reported to BHB jurisdiction through HIV PA NEDSS.
3. Initiate investigations within 30 calendar days of report date.
4. Monitor HIV/AIDS in PA NEDSS in accordance with PA DOH HIV Epi Division.
5. Investigate newly identified HIV positive patients through their primary care provider and/or testing/counseling site.
6. Maintain compliance at all times with the CDC's Guidelines for HIV/AIDS Surveillance Security and confidentiality.

Evaluation:

1. Collect and report standardized process and outcome monitoring data consistent with Department and CDC requirements yearly.
2. Utilize PA NEDSS Analysis and Reporting tool quarterly to effectively monitor reporting within the LMRO Jurisdiction.
3. Quarterly, review and analyze total number of face to face interviews conducted with HIV positive person who were tested by private providers.
4. Review and analyze annual progress report submitted to PA HIV/AIDS Division
5. Compile and analyze statistics on all HIV/AIDS reported cases to the Local Morbidity Reporting Office quarterly.

Objective 7: Reduce the number of HIV incomplete investigations reported in HIV PA NEDSS from 20 incomplete investigations per month to 10 incomplete investigations per month by the end of December 31, 2015.

Activities:

1. Continue working with appropriate personnel at St Luke's University Hospital to have physicians discontinue the practice of ordering HIV-1 RNA test as a screening test for HIV infection.
2. Conduct monthly charts audit at St Luke's University Hospital medical record within a week of receiving, via e-mail, the incomplete investigation report.
3. Send confidential letter to HIV positive patients tested, through private providers and reported through PA NEDSS, for a face to face interview.

4. Immediately close investigations with a documented negative HIV antibody test.
5. Keep a monthly log of number of investigations closed as not case.
6. Within a week of doing chart audit, do data entry to update incomplete investigations.

Evaluation:

1. Monthly, review and analyze the new monthly HIV incomplete investigation report received from HIV/AIDS Epi Division for number of incomplete investigations.
2. Monthly, monitor completion rate on the incomplete investigation report so that is above ninety-five percent (95%) per confirmed case.
3. Quarterly, review and analyze percentage of face to face interviews conducted with HIV positive person, who were tested by private providers, and as a result of interview CDC and Central Office required fields were completed.
4. Bi-annually, compile and analyze statistics on all HIV/AIDS reported cases to the Local Morbidity Reporting Office quarterly.

**Communicable Disease Division
STD Prevention Management Program
Program Summary**

The Bethlehem Health Bureau is an organization dedicated to providing both preventative and curative care for sexually transmitted diseases (STDs) within the City of Bethlehem and surrounding areas. The investigation and surveillance of STD reportable infections in the City through PA NEDSS is a required component of STD activities. The STD staff participates and conducts these activities through Act 315 funding. The state-funded sexually transmitted disease clinic follows the rules and regulations as set forth by the Pennsylvania Department of Health in all prevention and treatment activities.

The mission of the STD program at the Bethlehem Health Bureau is to help reduce the spread of STDs and their consequences on the health of our community. This is accomplished through the availability of STD clinic services, testing/treatment, partner elicitation/notification, investigation of reported STDs, education of clients and collaboration with other healthcare providers in assuring that the needed services are provided per the most current recommended CDC treatment guidelines.

**Communicable Disease Division
STD Prevention Management Program
2015 Program Goals and Objectives**

Program Goal: To reduce the transmission of sexually transmitted diseases (STDs) and their respective health consequences through the promotion of responsible sexual behaviors through education and increased access to quality clinical services.

Objective 1: That by December 31, 2015, 95% of chlamydia, gonorrhea, syphilis investigations reported in PA NEDSS will have an interview as a value.

Activities:

1. DIS STD staff will check PA NEDSS a minimum of twice daily and assign and initiate STD investigations within the recommended timeframe.
2. Conduct patient interviews via telephone call, at BHB clinic site, or field/home visit, verify treatment and illicit contact/partner information.
3. Investigate and document treatment completion and conduct risk reduction counseling and partner notification for each positive report as recommended by CDC.
4. Refer out of jurisdiction partners to PA DOH STD program for follow up.

Evaluation:

1. Perform monthly QI checks to ensure the completeness of documentation for PA NEDSS investigations
2. Use PA NEDSS cognos and analysis to determine number of investigations with an interview as a value and number of positive individuals receiving appropriate treatment

Objective 2: Increase from 57% to 62% the number of confirmed STD cases in PA NEDSS with a contact as value by December 31, 2015.

Activities:

1. Interview client via telephone, at BHB clinic site, or field/home visit, and illicit contact/partner information.
2. Refer contacts for treatment to appropriate source or offer testing and treatment at BHB and open a PA NEDSS investigation and document activities performed.
3. Refer out of jurisdiction partners to PA DOH STD program for follow up.

Evaluation:

1. Use PA NEDSS cognos and analysis to determine number of investigations which had at least 1 partner named in 2015.

Objective 3: Increase by 50% the number of at-risk individuals who are identified and counseled on HCV positive test result at BHB CTR sites.

Activities:

1. Offer and perform free hepatitis C testing at all BHB HIV/STD testing sites.
2. Promote and provide free hepatitis C testing to high-risk individuals with a history of IV drug use, blood and blood component and organ transplant recipients before 1992, needle sharing/sex partners, veterans and individuals born between 1946-1965.
3. Conduct post-test counseling for hepatitis C positive individuals tested by BHB and refer for medical evaluation, immunizations, and other resources.

Evaluation:

1. Use PA NEDSS cognos and analysis to determine number of investigations bi-annually.
2. Review and analyze monthly CTR site report.
3. Review STD data to analyze number of hepatitis C performed and number who tested positive
4. Review EPI info for number of hepatitis C tests, results and referrals.

Objective 4: By December 31, 2015, 100% of investigations for pregnant women who live in BHB jurisdiction and reported in PA NEDSS have confirmed treatment and test of cure completed.

Activities:

1. Confirm treatment with provider or if patient is untreated, immediately offer appropriate treatment through the Bethlehem Health Bureau.
2. Educate clients on the diagnosis and risks to pregnancy if untreated.
3. Document in PA NEDSS test of cure results and other activities provided to patient.
4. Review PA NEDSS C & A and track for test of cure.
5. Review cases to determine reason for incomplete investigation.
6. Test & treat partner/contact at BHB clinic site or refer partner/contact to appropriate jurisdiction for follow up.

Evaluation:

1. PA NEDSS cognos and analysis.

Objective 5: Increase the use of NextGen Electronic Health Records (EHR) templates to improve patient quality of care by utilizing the family planning and confidential templates for 75% of patients by December 31, 2015.

Activities:

1. Participate in trainings available for NextGen applications.
2. Complete confidential templates by asking patients and documenting family planning, sexual and domestic violence history.
3. Implement “MyPlan” functionality for all NextGen users.
4. Quarterly and annual reports compiled from NextGen.

Evaluation:

1. Review and analyze quarterly and annual reports from NextGen.

Objective 6: Increase the number of patients receiving any type of immunization at the STD and Wellness clinics by 100% by December 31, 2015.

Activities:

1. Screen all patients at STD and Wellness Clinics for immunization history.
2. Refer and provide appropriate immunizations to uninsured individuals and provide immunization records to help ensure series completion.
3. Conduct reminder calls to all clients missing f/u appts, due or overdue for vaccinations.
4. Update STD clinic medical record/SIIS to reflect hepatitis A/B, Tdap and HPV vaccinations given.
5. Complete EHR templates by documenting vaccination history if available and vaccines given on peds/adult immunization.

Evaluation:

1. Identify NextGen or SIIS report able to pull immunization data.
2. Review NextGen reports weekly for number screened for needed vaccines and vaccines given at each clinic.
3. Bi-annually, the immunization nurse will analyze the number of clients in the database who complete the hepatitis or HPV vaccine series.
4. Review and analyze annual report from NextGen.
5. Analyze STD vaccine given data on shared drive for accurate count.

Communicable Disease Division Rabies Surveillance Program Program Summary

Animal bites are a significant public health concern due to the risk of transmission of rabies disease. Though contraction is rare in humans, the potential risk is increasing due to several factors, including the expansion of urban communities and decreased natural habitat. As territories further overlap, the contact between wild animals and humans increases, the potential for transmission of the rabies virus to humans also becomes greater.

The transmission of rabies can be controlled with both pre- and post-potential exposure methods; however, to properly manage an incident, the investigation must be initiated promptly in order to determine the necessary and most appropriate treatment. The communicable disease department's rabies surveillance program addresses both the prevention and treatment of rabies disease through its annual rabies vaccination clinic and on-going incident investigations.

Communicable Disease Division Rabies Surveillance Program 2015 Program Goals and Objectives

Goal: To reduce the transmission of rabies and its health consequences in the City of Bethlehem through surveillance, preventative animal vaccinations, education and report investigation.

Objective 1: To prevent the transmission of rabies disease by investigating 100% of reported animal bites in the City of Bethlehem, and recommending appropriate medical follow-up of the victim(s) by December 31, 2015.

Activities:

1. Work with area physicians and hospital emergency departments to ensure timely reporting of animal bites.
2. Follow PA DOH and BHB rabies prevention protocols for investigation of animal bite reports.
3. Utilize the internal standard operating procedures for appropriate follow up with non-compliant animal owners or victims.
4. Recommend proper medical care to animal bite victims and determine the need for post-exposure rabies prophylaxis per the PA DOH's guidelines.
5. Determine the appropriateness of laboratory analysis of animal brain tissue and arrange transportation of specimens to the Pennsylvania State Laboratory.

Evaluation:

1. Document steps taken per the PA DOH's animal bite investigation procedure for each animal bite report.

Objective 2: To educate 100% of known owners and victims about PA State rabies laws and City of Bethlehem ordinances and ensure compliance to laws as applicable to animal bite/exposure incidents by December 31, 2015.

Activities:

1. Educate animal owner(s) on Pennsylvania's rabies law to ensure adherence to required protocols related to responsibility, control, quarantine and proper rabies vaccinations for their applicable pets.
2. Educate victims of animal bite/exposures of applicable laws regarding exposure or bites from domestic or wild animal exposures.
3. Document most recent rabies vaccination certificate or results in Epi Info database for all animal bite incidents.
4. Ensure that appropriate quarantine period is adhered to in collaboration with the Bethlehem Police department.
5. Document PA state rabies laboratory examination test result in Epi Info if animal is at risk for carrying the rabies virus.
6. Utilize GIS to track neighborhoods with high numbers of animal exposures and/or unvaccinated dogs & cats, and provide educational materials to residents in these areas.

Evaluation:

1. Enter all applicable information into database created for animal bite reports and examine information on a yearly basis.
2. Review all positive confirmatory rabies laboratory tests on animals suspected of having rabies disease to ensure proper protocol was followed.
3. Conduct media report to create awareness if an increase of rabid animals is identified in Bethlehem.

Objective 3: To reduce the number of unvaccinated, domesticated pets in the City by increasing the dissemination of information regarding local reduced-cost rabies vaccination clinic for Bethlehem City resident owners by December 31, 2015.

Activities:

1. Promote local low-cost animal vaccination clinics and encourage local agencies to hold these types of clinics.
2. Provide the public with educational materials regarding rabies law and prevention of infection from the rabies virus.

Evaluation:

1. Record and evaluate methods of promotion and information dissemination.

Objective 4: To reduce the transmission of rabies by providing education to a minimum of 50 people, including animal owners, victims, and medical professionals by December 31, 2015.

Activities:

1. Update and maintain rabies information sheet located on the Bethlehem Health Bureau website.
2. Disseminate educational materials and law pamphlet to animal bite victims, animal owners, and people who request information about rabies.
3. Provide physicians and local emergency departments with information regarding reporting of animal bites if noted to be delinquent in mandatory reporting of incidents.
4. Educate owners about the importance of vaccination of animals to prevent transmission of the rabies virus while completing animal bite investigations.
5. Provide the public with animal bite prevention education

Evaluation:

1. Document educational information provided to owners and the distribution of educational materials at health fairs, clinics, and outreach programs provided.

Nutrition and Physical Activity Program Summary

Physical activity and overweight/obesity are identified as two of the focus areas listed as important determinants of health. Through decreasing morbidity and mortality associated with the chronic conditions, years of potential life lost will be reduced and quality of life will be increased. Unhealthy lifestyles are preventable with focused and direct changes in behavior, knowledge, attitude and skills. Changes in these areas can be directly correlated to reducing deaths when consciously practiced until the behavior becomes innate.

Combating obesity is attainable through promoting physical activity and nutrition initiatives that encourage the community to make healthy food choices, increase physical activity and make healthy foods choices all which assist in reducing BMI rates and increase health status. Physical inactivity and poor nutrition are identified as important determinants of health. Lack of physical activity and unhealthy eating have an impact on many diseases and conditions such as heart disease, diabetes, blood pressure, and cholesterol. Unhealthy lifestyles are preventable with focused and direct changes in policies, structural and environmental changes.

Nutrition and Physical Activity 2015 Program Goals and Objectives

Objective 1: To participate in the Healthy Corner Store Initiative by providing 2 in store education programs by December 31, 2015.

Activities:

1. Provide nutrition education to the corners stores in Bethlehem that become Healthy Corner Stores.

Evaluation:

1. Track the number of Healthy Corner Stores in Bethlehem.
2. Track the number of stores nutrition education is conducted in.
3. Track the number of stores who improve food selections.

Objective 2: To participate in a minimum of 5 local food policy initiatives involving locally grown foods by December 31, 2015.

Activities:

1. Learn all places to purchase locally grown foods.
2. Incorporate in 100% of nutrition education sessions where to purchase locally grown foods.
3. Purchase foods from local growers when applicable for presentation.

Evaluation:

1. Track the number of nutrition presentations.
2. Track the number of times food was served and purchased from local growers.

Objective 3: To implement the Take the Stairs campaign in 2 worksites in the City of Bethlehem by December 31, 2015.

Activities:

1. Identify 2 worksites.
2. Conduct pre-observational surveys at both worksites.

3. Post posters on benefits of taking stairs at elevators.
4. Conduct post observational surveys at both worksites.

Evaluation:

1. Track the number of persons who take the elevator vs the stairs pre and post signs.
2. Analyze the pre and post observational results to determine if the signs increased persons taking the stairs.

Objective 4: To conduct nutrition counseling to a minimum of 20 clients at 10 HEARTS clinics by December 31, 2015.

Activities:

1. Conduct nutritional counselling to 100% of patients who could benefit from it.
2. Identify other needs and refer to appropriate resource.

Evaluation:

1. Track the number of patients counseled.
2. Track the reason for counseling.
3. Track the number of referrals.

Objective 5: To incorporate 1 healthy living program in BASD elementary schools that have the Leader In Me program by December 31, 2015.

Activities:

1. Post monthly themes on Twitter and Facebook on BASD, BHB and SLUHN websites.
2. Collaborate with the BASD and SLUHN to conduct healthy living programs based on the Vive tu Vida model in the Leader in Me programs.

Evaluation:

1. Monitor Facebook likes and Twitter re-tweets.
2. Monitor number of Leader in Me presentation sessions conducted.
3. Monitor number of corner stores that introduce a healthy food in their establishment.

4. Monitor the number of daycares/preschools who have a nutrition/physical activity policy and what it is comprised of.
5. Utilize the School Health Index to monitor policy change in the Leader In Me schools.

Objective 6: To advocate for the implementation of policies that promote physical activity and nutrition in 1 preschool or daycare by December 31, 2015.

Activities:

1. Assess current nutrition and physical and activity policies in daycares/preschools.
2. Choose a preschool or daycare and assist to identify gaps in policy.
3. Conduct nutrition and physical education among staff, children and parents.

Evaluation:

1. Track the number and type of policy gap.
2. Track changes made to policies.
3. Track BMI.

Playful City USA Program Summary

The American Academy of Pediatrics and Stanford University both recommend that solutions to childhood obesity focus on opportunities for free play and the provision of facilities for play. There is a growing body of research that suggests children will be more active if they are given opportunities to engage in unstructured or free play. Active children are less likely to be obese and less prone to have obesity-related health problems such as diabetes and heart disease. Unstructured play gets children moving, and more active children are more likely to be physically healthy. The Institute of Medicine recently released report identified local government as the ideal leader on this issue, citing "...build and maintain parks and playgrounds that are safe and attractive for playing and in close proximity to residential areas" as a critical goal in combating childhood obesity.

Playful City USA is a national recognition program honoring cities and towns across the nation who is creating an agenda for play. Through the Playful City USA application process, communities create a framework based on five commitments. The Playful City USA program is a unique self-assessment tool that assists communities in identifying local play assets and play deficits, and in developing a rigorous action plan driven towards increasing quality, quantity, and access for play in your city or town.

Playful City USA 2015 Program Goals and Objectives

Objective 1: To maintain “Playful City USA” status for 2015 by July 31, 2015.

Activities:

1. Complete and submit application on time.

Evaluation:

1. Notification of Playful City USA status.

Objective 2: To continue to promote “Play Day” to a minimum of 100 residents by December 31, 2015.

Activities:

1. To collaborate with the City’s Parks and Recreation department to offer “hands on” play activities during the “Play Day” event.

Evaluation:

1. Track the number of children and adults that attend “Play Day”.

Employee Wellness Program Summary

Worksite wellness programs encourage employees to improve their health status for themselves and their families. Healthy employees have better productivity, better morale and lower health care costs. Data shows that poor employee health results in unnecessary healthcare costs and the research clearly demonstrates that by encouraging healthier choices among their current employees, they are reaping long term savings in terms of sick time, disability and health care costs. Further return on investment analysis demonstrates that these measurables are only a portion of the cost savings. In reality, in an effectively developed wellness culture, an organization can also experience cost savings in reference to retention, recruitment, reputation and employee engagement.

The City of Bethlehem has a predominantly younger, male workforce. Per Capital Blue Cross’s quarterly report (July 2013-June 2014) the top diagnosis categories from highest paid claims to lowest are as follows: musculoskeletal symptoms & connective tissue, digestive system and nervous system (43.6%). Script utilization for the same time period is also at an all-time high of 27,435 for all members. When compartmentalizing employees’ health status into categories defined by claim costs in 2013: 23.70% are considered “Healthy”; 28.90 % are “At-Risk”; 44.00 % are “Chronic”; and 0.7% are “Catastrophic”. An analysis of these costs indicates that almost half of our covered lives are in a category with higher claim costs and have the potential to

advance to costs over the \$ 100,000 threshold. This data clearly indicates that the City has an opportunity to lower healthcare costs by implementing and sustaining an effective employee wellness program; thereby, maintaining the health status of the Healthy category covered lives and improving the health status of covered lives in the “At-Risk”, “Chronic” and “Catastrophic” categories. A comprehensive employee wellness program can ultimately improve the health status of employees, lower health care costs and improve productivity.

Employee Wellness 2015 Program Goals and Objectives

Goal: To increase employee wellness program participation rates in order to create a healthier workforce, decrease medical costs to the City, and decrease sick time.

Objective 1: To maintain current participation rate in the Employee Wellness Program by December 31, 2015.

Activities:

1. Identify peer champions.
2. Identify barriers on lack of participation.
3. Create employee trust and self-preservation
4. Hold quarterly Employee Wellness meetings.

Evaluation:

1. Number of participants.
2. Number of participants that complete program.
3. Personal Profile data.
4. Employee opinions on program.

Objective 2: To decrease city medical costs by 5% at the conclusion of the wellness initiative.

Activities:

1. Improve employee lifestyle behaviors.
2. Increase prevention screenings.

Evaluation:

1. CBC quarterly reports.
2. Number of prevention screenings.

Objective 3: To improve employee health status by having 90% of employees achieve the requirements of identified pathway by the conclusion of the wellness initiative by December 31, 2015.

Activities:

1. Provide reimbursement for completion of pathway criteria.
2. Provide behavior maintenance support.

Evaluation:

1. Digital Health Assessment.
2. Ht/wt/BMI/BP/FBS/ Chol measures.
3. Number of employees reimbursed.

Healthy Woman Project Program Summary

Breast and cervical cancers are diseases that are preventable and treatable with preventive methods and early detection; however, women of Latino and African American origin do not get screened as regularly. The same can be said for women who are of low-income and are uninsured and/or underinsured. As a result, rates for preventable and treatable types of cancer are higher among these women.

According to the Cancer Facts and Figures Report (2014), an estimated seventy nine thousand nine hundred twenty (79,920) new cancer cases will be diagnosed in Pennsylvania. Among the fifty (50) states, in 2014 Pennsylvania is the fifth (5) highest with estimated Ten thousand six hundred sixty (10,660) new cases of female breast cancer. Even though the prevalence of cervical Cancer in Pennsylvania is considerably lower than the prevalence of breast cancer, Pennsylvania ranked fifth (5) for the number of new cases of Cervical Cancer reported (Cancer Facts and Figures Report, 2014).

Healthy Woman Project 2015 Goals and Objectives

Goal: To reduce the mortality and morbidity rates of breast and cervical cancer within Northampton County by increasing the number of women who annually receive mammograms and pelvic examinations.

Objective 1: To provide comprehensive breast and cervical screening to seventy five (75) women between the ages of 40 to 49 and one hundred (100) women between the ages of 50 to 64 by December 31, 2015.

Activities:

1. Schedule eligible women for mammograms and pap tests on an annual basis.

Evaluation:

1. Analyze lab results and provide follow up if necessary.

Objective 2: To provide case management to women diagnosed with an abnormal test result with in ninety (90) days of notification by December 31, 2015.

Activities:

1. Assure that all clients complete follow up appointments and/or procedures and follows through to final diagnosis.

Evaluation:

1. Evaluate the number of clients who were referred for case management to the number who received a final diagnosis.

**Public Health Education and Planning Division
Highway Safety
Program Summary**

Motor vehicle crashes (MVC) are the leading cause of death and injury for those between the age of 5-24 and second leading cause of death and injury for those between 1-4 and 25-65+, respectively in the USA according to the CDC. MVC's account for approximately half the number of deaths from unintentional injuries. In 2009, the reportable traffic crashes in PA were at their lowest number since 1951, making a good argument to support that the collaboration between law enforcement and education was working to reduce crashes. In Northampton County (NC), according to PENNDOT's 2013 data, the top five motor vehicle-related fatal crashes are: aggressive driving, drinking driving/ impaired driving, speeding, and unrestrained occupants. Heavy truck, motorcycle, pedestrians and teenage drivers also are key areas of concern in Northampton County. Aggressive driving is the first leading cause of fatalities and crashes. Enforcement and education are imperative to reduce injuries and fatalities caused by aggressive driving. Impaired driving is the second leading cause of fatalities and is becoming more serious as law enforcement is being trained as drug recognition experts.

The Surgeon General's report states that over half of all highway safety deaths are rooted in lifestyle behavior or environmental factors that are amendable to change. In order to assist in the downward trend of these traffic deaths, Department of Health and Human Services developed guidelines for the nation to follow and meet national goals called Healthy People 2020. This states that injuries are not accidents or uncontrollable acts of fate because most injuries are predictable and preventable. Therefore, society must put the responsibility on them to prevent the accidents from occurring.

Public Health Education and Planning Division

Highway Safety

2015 Program Goals and Objectives

Goal: To decrease injuries and deaths caused by motor vehicles in Northampton County.

Objective 1: To increase general traffic safety contacts by 10% in Northampton County by September 30, 2015.

Activities:

1. Participate in monthly enforcement meetings via the Lehigh Valley Regional DUI and Highway Safety Task Force. Encourage officers from each police department to attend to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities.
2. Conduct 5 programs in the community to educate and answer direct inquiries from the public concerning Pennsylvania's traffic and vehicle laws reaching a minimum of 100 residents on Pennsylvania's traffic and vehicle code (PA Vehicle Code-75).

Evaluation:

1. Track the number of trainings conducted.
2. Track the number of participants attending the trainings/meetings.
3. Track the number of enforcement meetings.
4. Track the number of programs.
5. Track the number of attendees.
6. Track the number of trainings conducted.

Objective 2: To increase the number of Northampton County police officers trained in PENNDOT approved educational programs (Back is Where It's At, Survival 101, every 16 Minutes) by 5% by September 30, 2015.

Activities:

1. Participate in monthly enforcement meetings via the Lehigh Valley Regional DUI/Highway Safety Task Force. Encourage officers from each police department to attend to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities.
2. Work with the Lehigh Valley Regional DUI and Highway Safety Task Force to plan and coordinate one Regional Law Enforcement Work Shop.
3. Assist in the coordination of trainings for "The Back is Where It's At" training, "Survivor 101" training programs and "Every 16 Minutes" training for NC police officers.

4. Assist NC police officers to plan, coordinate and participate in all national and state Events, crackdowns, and related activities according to NHTSA's highway safety calendar.
5. Educate a minimum of 2 NC police departments on the Yellow Dot program during roll call.

Evaluation:

1. Track the number of trainings conducted.
2. Track the number of participants attending the trainings/meetings.
3. Track the number of enforcement meetings.
4. Track social media likes, shares, etc.
5. Track the number of trainings held.
6. Track the number of officers attending the trainings.
7. Track the number of crack down events participated in.
8. Track the number of contacts.
9. Track the number of police officers trained.
10. Track the number of police departments trained.

Objective 3: To provide all magisterial district justices a list of available educational material to provide to clients who do business at their respective offices by September 30, 2015.

Activities:

1. To provide a list of available educational informational from the Just Drive PA Resources, to local magistrates in NC, via email, at least once per year; topic areas to include but not limited to: aggressive driving, child safety seat, seatbelts, teen driving, distracted driving and impaired driving. Provide printed materials as requested.

Evaluation:

1. Track the number of judicial outreach contacts.
2. Track the number of phone calls serviced.
3. Track the number of requested materials topic areas.
4. Track the number of public information and educational materials distributed.

Objective 4: To increase by 2% the number of motorists who have special needs who utilize the Yellow Dot program by September 30, 2015.

Activities:

1. To educate and provide information cards to a minimum of 100 drivers/passengers who have special medical needs and their families on the Yellow Dot program. Program coordinator will partner with existing programs aimed towards the appropriate population such as the "A Matter of Balance" program and Public Health Emergency Preparedness programs to talk about the Yellow Dot program and distribute information cards.

Evaluation:

1. Track the number of Yellow Dot Programs completed.
2. Track the number of participants.
3. Track the number of cards completed.

Objective 5: To increase participation and collaboration of NC police departments to 60% to attend meetings to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities by September 30, 2015.

Activities:

1. Promote Winter Driving Awareness Week, National Work Zone Awareness Week, National Tire Safety Week, Ride to Work Day (Motorcycle), National Stop on Red, through social media.
2. Participate in monthly enforcement meetings via the Lehigh Valley Regional DUI/Highway Safety Task Force (a regional collaborative whose mission is to reduce traffic related crashes, injuries and deaths through education and enforcement in Northampton and Lehigh Counties). Encourage officers from each police department to attend to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities.
3. One time per year, at the Lehigh Valley Regional DUI/Highway Safety Task Force meetings, educate police departments on areas with a high aggressive crash rate, high DUI crash rate, low seatbelt use rate, high motorcycle crash rate and heavy truck crash rates to target enforcement.
4. Assist in the coordination of trainings for “Sit Back-It’s Elementary” trainings (a police driven elementary seat belt program that educates children about the importance of proper seat belt use, airbags and child restraints), “Survivor 101” training program (a police-driven curriculum designed to encourage appropriate decision making among middle and high school students) and “Every 16 Minutes” training (a PENNDOT sanctioned program, aimed at educating 16 year old drivers about seatbelt use and distracted and aggressive driving) for NC police officers.
5. Work with the Lehigh Valley Regional DUI and Highway Safety Task Force to plan and coordinate one regional law enforcement workshop.
6. Assist NC police officers to plan, coordinate and participate in all national and state events, crackdowns, and related activities according to NHTSA’S highway safety calendar.

Evaluation:

1. Track social media likes, shares, etc.
2. Track the number of trainings conducted.
3. Track the number of participants attending the trainings/meetings.
4. Track the number of enforcement meetings.
5. Track the number of trainings held.
6. Track the number of officers attending the trainings.
7. Track the number of attendees.
8. Track the number of crack down events participated in.

9. Track the number of contacts.

Objective 6: To reduce fatalities caused by aggressive driving by 25% (n=7, 2013; n=11, 2012) in Northampton County by September 30, 2015.

Activities:

1. Expand dissemination of public awareness information through the use of technology.
2. Assist police departments with “Just Drive PA” campaign if needed.

Evaluation:

1. Track the number of public information and education materials distributed.
2. Track the number of posts.
3. Track the number of contacts.
4. Track the number of likes, shares and re-tweets.

Objective 7: To reduce crashes caused by aggressive driving by 10% (n=1740, 2013; n=1865, 2012) in Northampton County by September 30, 2015.

Activities:

1. Collaborate with PENNDOT's Safety Press Officer to coordinate activities and media events specific to aggressive driving at least two times per year.
2. Reach out to all 4 Northampton County colleges at least once per year to promote safe driving. Promote information about driving the speed limit, aggressive driving, drinking and driving and distracted driving.

Evaluation

1. Track the number of earned media efforts.
2. Track the number of school programs.
3. Track the number of public information and education materials distributed.

Objective 8: To decrease motorcycle fatalities by 15% (n=3, 2013; n=3, 2012) by September 30, 2015.

Activities:

1. Collaborate with the Lehigh Valley Regional DUI/Highway Safety Task Force to implement educational programs and/or events that discourage drinking and operating a motorcycle and utilizing safety equipment use each and every time you ride, reaching at least 250 Northampton County residents.
2. Provide educational information to Northampton County lawmakers, when requested, to consider re-instating a mandatory helmet law for all motorcycle riders.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of emails sent.

3. Track the number of safety messages provided.
4. Track the number of participants.
5. Track the number of legislators educated to re-instate a helmet use law.

Objective 9: To decrease motorcycle crashes by 10% (n=92, 2013; n=106, 2012) by September 30, 2015.

Activities:

1. Attend two community events providing education on motorcycle safety where motorcycle enthusiasts are more likely to frequent.
2. Collaborate with the Lehigh Valley DUI/Highway Safety Task Force and Safety Press Officer to implement one motorcycle awareness campaign/event to include but not limited to aggressive driving, DUI, safety equipment and conflicts between motorcycles and motor vehicles.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of participants.
3. Track the number of earned media efforts.
4. Track the number of campaigns conducted.

Objective 10: To decrease crashes caused by older drivers by 5% (n=1030, 2013; n=1041, 2012) by September 30, 2015.

Activities:

1. Provide a minimum of four mature driver educational programs to senior centers, clubs, and/or community groups. Each presentation will include a pre/post test to determine the increase in knowledge and/or any change in attitude or behavior in addition to incorporating the Car-Fit assessment techniques into all mature driver education programs. Car-Fit is an educational program (created by AAA, AARP, American Occupational Therapy Association) that offers older adults the opportunity to check how well their personal vehicles “fit” them. The Car-Fit program provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community. The Project Coordinator will also determine the steps to become a Car-Fit technician and/or Event Coordinator and, if feasible, request approval from PENNDOT to attend the trainings.
2. Perform research for development of county resource guide for older adults that are denied a license renewal or have license recalled. Gather current information on Share-the-Ride programs and other local agencies/services that provide transportation for older adults by county. Keep the information up-to-date as contacts/programs change and use the format provided by PENNDOT.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of environmental changes made.

3. Track the number of participants.
4. Track pre/post test results.
5. Track the number of guides distributed.

Objective 11: To decrease fatalities caused by older drivers by 25% (n=6, 2013; n=12, 2012) by September 30, 2015.

Activities:

1. Collaborate with local Agencies on Aging, Northampton County AAA, AARP, and PA TIPP to coordinate and promote a minimum of two highway safety activities and training courses such as the NHTSA Older Driver Enforcement Course.
2. Promote Older Driver Safety Awareness Week through social media.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of earned media efforts.
3. Track the number of participants.
4. Track the number of contacts.

Objective 12: To increase proper use of child restraints to a 90% correct use rate by September 30, 2015.

Activities:

1. Attend all 12 Allentown-Bethlehem Safe Kids meetings and hold role as secretary.
2. Conduct, distribute materials, analyze data and/or participate in a minimum of 11 child safety seat inspection clinics. Collaborate with local law enforcement, business and community groups when possible. Educational program materials are developed by the PENNDOT funded Pennsylvania Academy of Traffic and Injury Prevention Project (PA TIPP) in various community locations including: the hospital, churches, wellness events, and elementary programs reaching a minimum of 500 parents. Compare the child safety seat inspection numbers from year to year to measure effectiveness.
3. Educate parents of young children about the 4 steps of child passenger safety and the new changes. Program locations to include but not limited to: Toddlers at Play at the Library, Family Centers at the elementary schools, and community events.
4. Offer at least two educational programs to increase child restraint usage in communities with diverse populations.
5. Collaborate with the Allentown-Bethlehem-Easton Safe Kids Coalition to conduct a minimum of one child passenger safety seat inspection event during Child Passenger Safety Week.
6. Collaborate with the local PENNDOT SPO to coordinate media coverage for this event.
7. Review Northampton County for areas lacking in child passenger safety technicians and encourage police departments to become certified.

8. Collaborate with PA TIPP, Safe Kids and the hospital to hold regular certification classes, re-certification classes and renewal classes for those technicians that have expired.
9. Manage and promote the NC Child Safety Seat Rental Program.
10. Meet with a local school district to encourage 1 school district to participate in Operation Safe Stop during National School Bus Safety Week. Meet with local law enforcement in the participating school district to assist with coordination and participation in Operation Safe Stop. Work with local law enforcement agencies and pupil transportation agencies in NC to educate bus drivers on tracking procedures, identifying trouble locations, assisting in coordinating Operation Safe Stop day and documenting all motor vehicles who illegally pass the school bus.
11. Collaborate with the Safety Press Officer to coordinate activities and media events at least two times per year. Topics to include but not limited to: seat belt use, child safety seat use, booster seat use and airbags. Post events on Facebook and Twitter.
12. Schedule a minimum of 2 "Sit Back-It's Elementary" programs (a police-driven elementary seat belt program that educates children about the importance of proper seat belt use, airbags and child restraints) in NC schools and observe first presentation of recently trained officer offering assistance as needed.

Evaluation

1. Track the number of programs conducted.
2. Track the number of CPS events.
3. Track the number of CSS checked.
4. Track the number of earned media efforts.
5. Track the number of trainings held.
6. Track the number of participants.
7. Track the number of earned media efforts.
8. Track the number of Safe-Kids events.
9. Track the number of meetings.
10. Track the number of attendees.
11. Track the number of child safety seat misuse.
12. Track the number of information and educational materials distributed.
13. Track the number of CPS Technicians.
14. Track NC locations lacking in CPS technicians.
15. Track the number of seats rented out.
16. Track the types of seats rented out.
17. Track the length of seats rents out.
18. Track the number of social media likes, shares, re-tweets.
19. Track the number of schools within the district participating in Operation Safe Stop.
20. Track the number of violations.
21. Track the number of bus drivers tracking violations.
22. Track the number of earned media efforts.
23. Track the number of police departments participating.

Objective 13: To decrease pedestrian injuries by 15% by (n=76, 2013; n=82, 2012) September 30, 2015.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and a media event at least one time per year. Topics including but not limited to: pedestrian safety, pedestrian laws, traffic signal rules and impaired pedestrians.
2. Continue to chair the Citizen's Traffic Advisory Committee and hold eight meetings per year to review and develop solutions to pedestrian problems within the City of Bethlehem. Meet with the Lehigh Valley Planning Commission to determine interest and assistance in duplicating this committee in Easton.
3. Map via GIS, pedestrian, bicycle and motorcycles crashes within the City of Bethlehem and utilize Lehigh Valley Transportation Study maps for the county to identify hazardous roadways.
4. Identify three roadways with high crashes and evaluate identified roadways to determine initiatives focused on bicycle and pedestrian safety through education, engineering and enforcement. Analyze crash data on identified roadways and present it to the traffic committee to develop an intervention or institute possible changes.
5. Collaborate with local bicycle/pedestrian organizations at least one time per year to promote Walk to School Day through conducting a walking event educating the students how to walk to school safely.
6. Promote National Walk to School Day through social media.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of social media likes, shares, and re-tweets.
3. Track the number of meetings.
4. Track the number of attendees.
5. Track the number of interventions developed by reviewing data.
6. Track the number of schools participating in Walk to School Day.

Objective 14: To decrease pedestrian fatalities in Northampton County by 25% (n=4, 2013; n=3, 2012) on public roads by September 30, 2015.

Activities:

1. Implement and participate in a minimum of five pedestrian enforcement programs within the City of Bethlehem to increase education and safety while crossing in a crosswalk. Collaboration with the Safety Press Officer will occur to coordinate activities and a media event at least one time per year.
2. Conduct a survey of NC police departments to determine interest in conducting pedestrian enforcement programs in their municipality. Select a minimum of one other police department to assist in conducting a minimum of 5 pedestrian enforcement programs.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of pedestrian citations issued.
3. Track the number of cars.
4. Track the number of other citations issued as a result of the operation.
5. Track the number of police departments interested in conducting pedestrian enforcement programs.

Objective 15: To increase seatbelt usage to 90% (n=84%, 2013; n=84%, 2012) in Northampton County by September 30, 2015.

Activities:

1. Assist all police departments and Buckle UP PA with Click It or Ticket campaigns if needed, in combining enforcement activities using belts, child safety seats, aggressive driving and DUI enforcement and collaborate with Safety Press Officer to conduct high-profile enforcement campaigns combined with public education.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of public information and educational materials distributed.
3. Track the number of campaigns participated in.

Objective 16: To decrease unrestrained crashed by 10% (n=285, 2013; n=285, 2012) in NC by September 30, 2015.

Activities:

1. Assist all police departments and Buckle Up PA with Click It or Ticket campaigns if needed, in combining enforcement activities using seatbelts, child safety seats, aggressive driving and DUI enforcement and collaborate with Safety Press Officer to conduct high-profile enforcement campaigns combined with public education.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of Public information and Education materials distributed.
3. Track the number of campaigns participated in.

Objective 17: To decrease unrestrained fatalities by 15% (n=5, 2013; n=8, 2012) in Northampton County by September 30, 2015.

Activities:

1. Assist all police departments and Buckle UP PA with Click It or Ticket campaigns if needed, in combining enforcement activities using belts, child safety seats, aggressive driving and DUI enforcement and collaborate with Safety Press Officer to conduct high-profile enforcement campaigns combined with public education.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of Public Information and Education materials distributed.
3. Track the number of campaigns participated in.

Objective 18: To maintain a zero percent bicycle fatality rate in Northampton County (n=0, 2013; n=0, 2012) by September 30, 2015.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and a media event at least one time per year. Topics to include but not limited to: properly riding a bicycle, wearing proper gear, using hand signals, using a properly working bicycle according to the Motor Vehicle Code, red light running and using lights at night. Post messages on Facebook and Twitter.
2. Work with magisterial district justices to adopt a bicycle diversion program (a program that includes bicycle education and community service) in lieu of a fine for bicycle citations as part of hearing resolution.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of social media likes, shares, re-tweets
3. Track the number of bicycles who are referred to a bike education diversion program.
4. Track the number of bicycle violations.
5. Track the number of participants.

Objective 19: To decrease bicycle crash rate in Northampton County by 10% (n=40, 2013; n=23, 2012) September 30, 2015.

Activities:

1. Using GIS to identify hazardous roadways in the City of Bethlehem, collaborate with local bicycle organizations at least two times per year to create/maintain a safe environment for biking communities which include but not limited to: assessing roadways with high bicycle crash rates, and determining property environmental change such as shared lane markings, share the road signs, possible bike lanes, railroad crossing and potholes.
2. Collaborate with Coalition for Appropriate Transportation to conduct 4 education programs per year on rules of the road and advocate for police departments to educate/enforce bicyclists riding incorrectly on the road on a regular basis rather than just during a campaign or wave.
3. Create a list of roadway segments that are hazardous and focus education, enforcement and environmental changes to that roadway segment.

Evaluation:

1. Track the number of roadways with "Share the Road" signs.
2. Track the number of bicycle crashes of the roads with the "Share the Road" signs.

3. Maintain a list of hazardous roadway segments.
4. Track the number of educational programs.
5. Track the number of participants.

Objective 20: To reduce by 10%, the number of bicyclists committing major violations on public roadways (riding the wrong way, not stopping at traffic signal, riding on sidewalks) in Northampton County by September 30, 2015 (baseline 80%).

Activities:

1. Identify two roadways with high crashes and evaluate identified roadways to determine initiatives focused on bicycle safety through education, engineering and enforcement. Analyze crash data and present it to the traffic committee to develop an intervention or institute possible changes.
2. Collaborate with local bicycle/pedestrian organizations at least two times per year to conduct an event in coordination with NHTSA's events for National Bike to School Day and National Bike to Work week/month.
3. Promote National Bike to School Day and National Bike to Work Week/Month through social media.

Evaluation:

1. Track the number of roadways identified and improvements made.
2. Track the number of events participated in.
3. Track the number of participants per event.
4. Track the number of likes, shares and re-tweets.

Objective 21: To decrease fatalities in crashes caused by teen drivers by 25% (n=0, 2013; n=2, 2012) by September 30, 2015.

Activities:

1. Promote tools for parents to teach young drivers how to drive and assess their readiness to drive on a minimum of 8 Northampton County school district websites.

Evaluation:

1. Track the number of school with links to education information for parents of young drivers.
2. Track the number of public information and education materials distributed.

Objective 22: To decrease crashes caused teen drivers by 10% (n=345, 2013; n=438, 2012) by September 30, 2015.

Activities:

1. Assist trained police departments to conduct a minimum of 2 "16 Minutes" programs. The "16 Minutes" program is a PENNDOT sanctioned program, aimed

at educating 16 year old drivers about seatbelt use and distracted and aggressive driving.

2. Collaborate with the Lehigh Valley DUI/Highway Safety Task Force to host their annual SADD conference which focuses on distracted driving issues.
3. Schedule a minimum of 2 "Survival 101" programs (a police-driven curriculum designed to encourage appropriate decision making among middle and high school students) in schools in NC. The Community Traffic Safety Project Coordinator to assist as needed.
4. Participate in the statewide Teen Safe Driving Competition. This initiative will be in conjunction with the PA Motor Truck Association.

Evaluation:

1. Track the number of participants.
2. Track the number of participants.
3. Track the number of schools attending the conference.
4. Include seatbelt use, distracted driving, speeding behavior questions for current behavior and future intent as a result of the impact of the conference.
5. Track the number of attendees.
6. Track the number of programs.
7. Track the number of schools offering the programs.
8. Track the number of schools participating.
9. Track the number of participants.

Objective 23: To reduce impaired driving fatalities by 10% (n=18, 2013; n=8, 2012) in Northampton County by September 30, 2015.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and media events at least two times per year to sustain high visibility DUI enforcement campaigns combined with public education. Topics to include but not limited to DUI and impaired driving.
2. Use social media to promote NHTSA calendar of event focus areas.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of likes, shares and re-tweets.

Objective 24: To reduce impaired driving crashes by 10% (n=515, 2013; n=605, 2012) in Northampton County by September 30, 2015.

Activities:

1. Assist police departments with DUI mobilization campaigns in combining DUI enforcement activities with other enforcement such as seatbelts or aggressive driving and if needed.
2. Collaborate with SADD, the Lehigh Valley DUI/Highway Safety Task Force and Northampton County Drug and Alcohol to develop strategies to promote the

message about preventing impaired driving and underage drinking a minimum of two times per year.

3. Provide DUI materials and statistics to community groups at least three times per year.

Evaluation:

1. Track the number of public information and education materials distributed.
2. Track the number of local law enforcement agencies assisted.
3. Track the number of underage drinking and educational programs.
4. Track the number of public information and educational materials distributed.
5. Track the number of participants.

Tobacco Cessation Program Summary

Tobacco use remains the leading preventable cause of death and disease in the United States. Quitting smoking is the most important step you can take to improve your health. Tobacco use is defined as traditional cigarettes, as well as anything that puts nicotine in your body, including e-cigarettes, chewing tobacco, cigars, etc. According to the CDC, on average, compared to people who have never smoked, smokers suffer for years with more health problems due to their smoking and ultimately die earlier by a decade or more than nonsmokers. In fact, smokers generally are much less healthy than nonsmokers. Smokers miss more work than do nonsmokers. This costs American businesses, and American workers who smoke, billions of dollars every year.

Locally, according to St. Luke's Hospital Community Health Survey 2012, about 20% of the adult population currently smokes cigarettes, approximately 28% of adults in the state of Pennsylvania. In Lehigh County, 24% of adults smoke; in Northampton, 17% of adults smoke. Smoking prevalence is higher among men, among whites, and among respondents with lower levels of education. In the current study, 13% of respondents report that they currently smoke. Low-income was significantly related to smoking; 28% of low-income respondents say that they currently smoke, compared to just 4% of high-income respondents. Hispanic (37%) respondents were twice as likely to report smoking than non-Hispanics (14%). Education is also significantly related to smoking; 26% respondents with less than a high school education report being smokers compared to 11% of respondents with at least some college education.

According to the LV Community Health Profile 2012, lung disease is caused by smoking, air quality, infections of the mouth and genetics, and in many cases is a preventable disease. Chronic bronchitis and emphysema together are called chronic obstructive pulmonary disease (COPD). Add asthma to the mix and it becomes chronic lower respiratory disease (CLRD). Statistics show that 80-90% of all adults with lung disease have a history of smoking.

Tobacco Cessation 2015 Program Goals and Objectives

Program Goal: Reduce tobacco use among adults living in Northampton County by December 31, 2015.

Objective 1: Provide tobacco treatment counseling to at least 150 individuals by December 31, 2015.

Activities:

1. Enter client data and monthly progress into TFNE web-based data reporting system.
2. Conduct follow up at 30 days and 6 months post treatment with every individual who completed the program.
3. Promote smoking cessation program in various worksites, community organizations and settings throughout Northampton County to increase utilization of cessation services. Social media will be utilized at least twice per month as an avenue for promotion.

Evaluation:

1. Number of clients enrolled in tobacco cessation program.
2. Number of individuals who are smoke free at 30 days and 6 months post treatment.
3. Number of referrals received from promotion target sites; number of views/likes on social media outlets.

Public Health Preparedness and Medical Reserve Corps Program Summary

The Public Health Preparedness Division of the Bethlehem Health Bureau is committed to improving the public's health and safety through the City of Bethlehem's response to health-related emergencies. This is achieved through partnerships with local and state agencies, the creation and implementation of preparedness, recovery and mitigation plans, creating capable staff through regular trainings, the surveillance of diseases, enhanced communications, and community education. This division actively educates the public on how to prepare themselves for a variety of disasters and emergencies that commonly occur in our area and partners with local agencies to strengthen community assets.

The Bethlehem Medical Reserve Corps (MRC) comprises of medical and non-medical volunteers to help supplement public health capabilities in emergencies and disasters. The unit is part of the Public Health Preparedness Division of the Bethlehem

Health Bureau. Volunteers have the opportunity to participate in trainings, drills and exercises that enhance their skills and may choose to work with the Bethlehem Health Bureau to provide public health emergency education to the community.

Public Health Preparedness

2015 Program Goals and Objectives

Goal: To improve the public's health by advancing the City of Bethlehem's response to health-related emergencies through the development and implementation of preparedness plans, staff and citizen training, partner agency collaboration, and enhanced communications.

Objective 1: To increase the coordination between state, county, and local entities two times per year to improve the sharing of public health information by December 31, 2015.

Activities:

1. Participate in all local public health emergency responses, including pandemic influenza, by providing staff, volunteers, equipment, and supplies as available.
2. Attend all of the Department's Statewide Advisory Committee for Preparedness meetings, which will be scheduled and organized by the Department.
3. Participate in the Department's monthly county and municipal health department conference calls, which will be scheduled and organized by the Department.
4. Participate in regional task force meetings and meetings with first responders to build state and local response coordination and communication capabilities.

Evaluation:

1. Document meeting attendance and conference call participation.

Objective 2: To build 3 new community partnerships to support public health preparedness by December 31, 2015.

Activities:

1. Engage with a minimum of three community organizations to foster public health, medical, and mental/behavioral health social networks.
2. Conduct a minimum of eight community outreach events or presentations aimed at educating individuals on the importance of public health emergency preparedness planning and/or infection control practices.
3. Collaborate with local pastoral care to address local community recovery needs and develop a partnership plan.

4. Collaborate with local home health care agencies to provide their staff with information and resources to better prepare their clients for emergencies and disasters.
5. Continue to collaborate with organizations that care for individuals with special needs.

Evaluation:

1. Document the number of updates to the community stakeholder database.
2. Track the number of events and event participants.
3. Document collaboration with special needs groups.
4. Track the number of meetings or attempted contact with local pastoral care and document the outcomes.

Objective 3: To have 100% of staff demonstrate the ability to handle a public health emergency through emergency response plan updates, training, and coordination with relevant agencies, with 80% efficiency by December 31, 2015.

Activities:

1. Determine risks to the health of the City of Bethlehem.
2. Demobilize and evaluate public health emergency operations.
3. Update the emergency response plan on an annual basis, aligning with Project Public Health Ready renewal guidelines.
4. Provide regular preparedness-related trainings and/or drills to staff, based on the results of the 2014 PHEP Training Needs Assessment.

Evaluation:

1. Document health risks to the jurisdiction.
2. Document outcomes from public health emergency operations evaluation.
3. Document the number of updates to the Bethlehem Health Bureau's emergency response plan.
4. Track the number of trainings and the number of training participants.

Objective 4: To establish and participate in one information system operations by December 31, 2015.

Activities:

1. Determine the need for a joint public information system.
2. Establish avenues for public interaction and information exchange.
3. Issue public information, alerts, warnings, and notifications, if needed.

Evaluation:

1. Joint public information system evaluation.

2. Number of public interaction and information exchanges created and/or utilized by BHB.
3. Number of public emergency notifications issued.

Medical Reserve Corps

2015 Program Goals and Objectives

Goal: To support and supplement public health services to strengthen community preparedness and assist in the response to emergencies that has an impact on public health, by maintaining a well-trained volunteer unit.

Objective 1: Recruit a minimum of 10 new volunteers and increase visibility and promotion of MRC unit by December 31, 2015.

Activities:

1. Engage in a minimum of one activity annually to recruit volunteers, either in-person or via media.
2. Conduct a minimum of one standard orientation training for all new volunteers, to include MRC core competencies, roles and responsibilities.
3. Conduct a minimum of one meeting for all volunteers annually.

Evaluation:

1. Track the number of MRC meetings and orientations held throughout the year.
2. Track the number of recruiting events held throughout the year.

Objective 2: Develop and implement an MRC unit training plan by December 31, 2015.

Activities:

1. Identify applicable, affordable, and accessible sources or training.
2. Provide unit volunteers training in accordance with the training plan to include:
 - a. Emergency response training
 - b. Competency based emergency preparedness education
 - c. Necessary training that allows volunteers to effectively perform their duties or enhance their knowledge and skills.

Evaluation:

1. Documentation of training plan.
2. Training sources identified.
3. Number of training opportunities provided.
4. Number of volunteers who have completed training courses.

Objective 3: Improve procedures for volunteer deployment, with a 65% compliance rate, by December 31, 2015.

Activities:

1. Improve procedures to organize, assemble, deploy and release volunteers.
2. Coordinate with jurisdictional authorities to identify community resources that can support post-deployment needs that may include:
 - a. Medical screening and well-being assessment
 - b. Mental/behavioral health services referrals
3. Participate in intrastate deployment exercises to identify obstacles and gaps in google deployment tool.

Evaluation:

1. Number of volunteers who followed procedure during event/exercise.
2. Community resources identified.
3. Gaps identified in deployment tool.

Objective 4: Maintain current policies and procedures of unit administration throughout 2015.

Activities:

1. Update the MRC unit profile quarterly.
2. Participate in Technical Assistance (TA) Assessment administered by regional MRC coordinator to identify areas of need.
3. Conduct at least one notification drill through SERVPA.

Evaluation:

1. Unit profile updated quarterly.
2. TA Assessment completed annually.
3. Completed SERVPA notification drill.

Objective 5: Implement strategies for 80% volunteer retention and recognition by December 31, 2015.

Activities:

1. Improve program to engage, motivate, recognize and reward volunteers.
2. Identify key volunteers and assign leadership roles utilizing NIMS structure to make them stakeholders in the success of the unit.
3. Keep website current to include information on upcoming events and training opportunities, photos and summaries of completed events and preparedness and general public health education.
 - a) Complete negative photo consent with volunteers.
4. Conduct volunteer recognition strategies.

Evaluation:

1. Documentation of retention and recognition program.
2. Key volunteers identified and NIMS structure completed.
3. Number of times website is updated and number of hits on page.

**Environmental Health Division
Program Summary**

The Environmental Health Division of the Bureau of Health conducts all pertinent and mandated Act 315 and Act 12 Environmental Health Programs. The Bethlehem Health Bureau has been carrying out most of these programs since the Bureau's inception in 1980.

Jurisdictional prohibitions and other constraints preclude the necessity of conducting the remaining mandated programs (i.e. Campground, Mobil Home Park, Bottled Water and Water Supply).

Organizationally, the Environmental Health Division is under the administrative direction of the Bureau's Environmental Health Director. The Environmental Health Director manages the day-to-day activities of a Sanitarian, an Environmental Health Technician, and a Community Health Specialist.

The mandated Act 315 Environmental Health programs of Solid Waste Management and Water Pollution Control are conducted in cooperation with the Pennsylvania Department of Environmental Protection; however, the only permitting and inspections done by the Bureau in this program area is through Sewage Enforcement Activities.

There are seven major program areas identified as environmental health programs. The programs include the following:

Eating and Drinking Establishment Inspections
Facility Inspections
Water and Wastewater Monitoring
Responsive Services
Lead/ Healthy Homes Assessments and Enforcement
Animal Services
Educational Services

Environmental Health Division Food Safety Program 2015 Program Goals and Objectives

Goals: To decrease incidence of foodborne illnesses and assure the quality of food establishments in Bethlehem.

Objective 1: To inspect all food facilities, using a risk based approach, by December 31, 2015, including restaurants, retail, daycares, retail food establishments, mobile and temporary vending, schools, nursing homes, fraternities, and churches.

Activities:

1. Require licensing of all food establishments.
2. Document Risk Evaluation of all establishments as outlined in Standard 3 of FDA Voluntary National Retail Food Regulatory Program Standards.
3. Utilize risk-based inspection standards to inspect all permanent food establishments between one to four times, with re-inspection done as indicated by compliance status of the establishments.
4. Inspect all temporary food establishments (at carnivals, festivals, ball fields, etc.) the first time licensed and then on a spot-check basis, which is at the discretion of the Director of Environmental Health and Director of Health.
5. Inspect all mobile food vehicles and require compliance to standards prior to issuing license.
 - a. Coordinate all mobile food truck inspections/ licensing with other involved City of Bethlehem Departments to ensure compliance with all rules and regulations.
6. Utilize risk-based inspection standards to inspect all retail food stores between one to four times with re-inspection done as indicated by the compliance status.
7. License and inspect annually all food vending machines and biannually all commissaries.
8. Utilize risk-based inspection standards to license and inspect all daycare kitchens where food is prepared and served to children – minimum inspection of 2 times/ year.
9. Utilize risk-based inspection standards to license and inspect all school kitchens where food is prepared and served to students – minimum of 2 times/ year.
10. Utilize risk-based inspection standard to license and inspect all nursing home kitchens where food is prepared and served to residents.
11. License and inspect all churches and fraternities annually and more often if identified in risk analysis.
12. Review plans for all new and remodeled food facilities to assure compliance with code requirements.
13. Review food service establishments' inspection results to determine frequent violations/ violators.

Evaluation:

1. Compile monthly reports including number of inspections conducted and all violations recorded.
2. Evaluate inspections to determine the necessity of additional inspections.
3. Compile yearly report for statistical evaluation.
4. Provide reports to school districts in reference to school inspections.

Objective 2: Complete a baseline Risk Factor Study as outlined by Standard 9 of the Voluntary National Retail Food Regulatory Program Standards and implement at least one targeted intervention strategy toward reducing the occurrence of the identified risk factor by December 31, 2015.

Activities:

1. Conduct Risk Factor Inspections of all qualifying establishments. Risk Factor inspection to include review of CDC identified contributing factors to foodborne illness: 1) Food from Unsafe Sources, 2) Improper Holding/Time and Temperature, 3) Inadequate Cooking, 4) Poor Personal Hygiene, and 5) Contaminated Equipment/ Protection from Contamination.
2. Enter findings of Risk Factor Inspection form into FDA data analysis software.
3. Analyze quantitative measurements to assess the trends in the occurrence of foodborne illness risk factors over time.
4. Develop and implement targeted intervention strategy toward most common identified risk factor.

Evaluation:

1. Survey reports on the occurrence of risk factors and Food Code interventions
2. Survey collection tools or inspection sheets used for data collection
3. Database of risk factor reports by facility category
4. Standard 9 Self-Assessment and Verification Audit Form.

Objective 4: Complete a verification audit on the FDA National Voluntary Retail Food Standard, Standard 2: Training Regulatory Staff by December 31, 2015.

Activities:

1. Food Safety staff complete required field standardization inspections with Pennsylvania Department of Agriculture Food Safety Inspection Training Officer.
2. Food Safety staff submitted to FDA for designation of a Standardized Food Safety Inspection Training Officer.
3. Sanitarian (Food Safety Inspection Officer) will field standardize remaining food safety staff.
4. Write food safety training plan for all new food safety inspectors, following requirements set forth in the Voluntary National Retail Food Regulatory Program Standards.

Evaluation:

1. Completion certificates from FDA's ORAU will be filed in personnel file and Standardization file.
2. Record of completion and/or waiver of 25 joint and 25 independent food inspections.
3. Completion of Field Standardization of three food safety staff.
4. Completion and verification audit of Standard 2 – Trained Regulatory Staff.

Objective 5: Establish a system to detect, collect, investigate and respond to complaints and emergencies that involve foodborne illness, injury, and intentional and unintentional food contamination as outlined in Standard 5 of the Voluntary National Retail Food Regulatory Program Standards by December 31, 2015.

Activities:

1. Develop written protocols and procedures on necessary investigations, reporting, trace-back, recalls, media management and annual review of investigative data.
2. Conduct annual review of 2014 complaints and investigative data.
3. Disseminate food illness investigation protocol to all necessary members of Health Bureau staff.
4. Conduct a mock food illness investigation if real outbreak does not occur.

Evaluation:

1. Food safety protocol and investigation manual provided to Environmental Health Director, Emergency Preparedness Coordinator, Director of Nursing and Director of Health.
2. After action report from mock food illness investigation.

**Environmental Health Division
Institution and Facility Inspections
2015 Program Goals and Objectives**

Goals: To assure protection against environmental hazards of all the residents in these institutions and to reduce the risk of environmental hazards at those areas.

Objective 1: To inspect the physical facilities of all institutions (i.e. nursing homes, schools and day cares) and all recreation facilities (i.e. parks and swimming pools) at least once a year, including long term care facilities, schools, daycares, and public bathing places.

Activities:

1. Cooperate with the State in the licensing of institutional facilities and public bathing places.

2. Perform yearly environmental inspections of long term care facilities utilizing the State's regulations on long term care facilities.
3. Enforce the provisions of the State's school regulations, which have been adopted locally.
4. Perform environmental school inspections at least annually and more often if needed.
5. Cooperate with the State in licensing day care centers.
6. Conduct a program of semi-annual inspections of day care centers.
7. In cooperation with the Bethlehem Park's Department conduct annual inspections of park facilities based on State regulations.
8. Cooperate with the State regarding issuance of bathing place permits and plan review.
9. Conduct an annual inspection of all seasonal public pools between May 2015 and September 2015 and semi-annual inspections of all indoor facilities by December 31, 2015.
10. Respond to requests by the State for additional inspections of institutional facilities and or outbreak investigations potentially involving institutional facilities.
11. Verify the correction of health and safety problems at these facilities.
12. Respond to citizen complaints regarding these facilities.
13. Develop after action report for all outbreak responses involving institutional facilities.

Evaluation:

1. Compile monthly reports including the number of inspections conducted and monitor all violations recorded.
2. Document all facilities with major violations in which the infractions have been corrected by the time of re-inspection.
3. After action reports of all outbreak response involving institutional facilities submitted and reviewed by all parties.

**Environmental Health Division
Water Quality and Wastewater Monitoring
2015 Program Goals and Objectives**

Goal: To insure quality water for the City of Bethlehem and surrounding areas.

Objective 1: To review all monthly reports sent by the Department of Public Works during current year in order to maintain quality and detect problems.

Activities:

1. Review laboratory reports of the City's water laboratory for evidence of problems and compliance status.
2. Participate in discussions with the City's Bureau of Water Treatment and Supply regarding potential threats to the City's water supply.

3. Assist the Department of Water and Sewer with water distribution problems/complaints as requested.

Evaluation:

1. Compile monthly reports including number of inspections conducted and monitor all violations recorded.
2. Document that all facilities with major violations have been re-inspected and violations have been corrected.

Objective 2: When requested, conduct on-lot sewage inspections and issue necessary permits as required by State regulations throughout 2015.

Activities:

1. Respond to on-lot sewage treatment problems and malfunctions.
2. Review all plans for new on-lot sewage systems and carry out the necessary inspections and soil tests to assure that the site inspection system will function as planned.
3. Cooperate with the Department of Environmental Protection in permitting of such sewage systems.
4. Submit all necessary documentation and reports to PA DEP.

Evaluation:

1. Compile monthly reports including number of inspections conducted and monitor all violations recorded.

Objective 3: To respond and provide assistance to all pollution incidents threatening natural bodies of water located in the City of Bethlehem within two hours of notification throughout 2015.

Activities:

1. Respond to requests by the City's Fire or Police Departments for technical advice or input in dealing with such incidents.
2. Provide information requested by Department of Environmental Protection in regards to such events.
3. Conduct debriefing meeting after each incident to discuss adequacy of response and need for improvement.

Evaluation:

1. Complete reports for all incidents for which assistance was requested.
2. Keep on file any decisions or activities noted as a result of debriefing meeting.

Environmental Health Division Solid Waste Management 2015 Program Goals and Objectives

Goal: To reduce the hazard of solid waste contamination in the City of Bethlehem.

Objective 1: To respond within one working day to all notifications, complaints, health or sanitation related problems involving solid waste at commercial facilities throughout 2015.

Activities:

1. Conduct a preliminary investigation, where appropriate, of complaints involving municipal solid waste within one working day of receipt.
2. Enforce regulations on use of containers, location of containers and other related regulations.

Evaluation:

1. Keep records of investigation reports including the following: type of complaints, location of complaint and action(s).
2. Provide report of common violators to Director of Community & Economic Development, Director of Health, and Chief Housing Inspector.
3. Review statistics on monthly basis.
4. Compile annual reports outlining number of complaints investigated per complaint code, citations issued and hearings attended.

Environmental Health Division Responsive Services 2015 Program Goals and Objectives

Goal: To reduce the hazards of environmental pollution in Bethlehem.

Objective 1: To respond within 3 business days to all complaints and/or discoveries of vector activity through extermination and/or removal of harborage areas throughout 2015.

Activities:

1. Provide support in surveillance for West Nile Virus (WNV) as requested by the Counties of Northampton and Lehigh.
2. Monitor the condition of bodies of water for mosquito larva and apply larvicide when necessary.
3. Assist in baiting catch basins throughout the City, when requested by various county lead agencies.

4. When requested by either county, collect specimens as per PADOH guidelines.
5. Keep staff informed on vector control techniques via seminars and printed materials.
6. Update all staff on changes in disease surveillance and/or treatment records.
7. At least one individual from program will attend necessary continuing education courses to maintain PA Pesticide Applicator's License.
8. Have areas of solid waste and weed overgrowth removed.

Evaluation:

1. Prepare a monthly statistics report outlining emerging issues.

Objective 2: To respond within three workdays to 100% of health related public complaints received throughout 2015.

Activities:

1. Log all complaints and refer to appropriate investigative staff person.
2. Conduct on-site inspection of the reported problem and verify the nature of the situation within the time specified.
3. Send appropriate notification to property owner, proceed with necessary enforcement, or otherwise take action as indicated by the nature of the problem.
4. If not of a health nature, refer the complaint to the proper department.
5. Develop list of repeat offenders and proactively contact property owners/ tenants providing a reminder of City regulations associated with sanitation.
6. Coordinate solid waste management and nuisance complaints with Chief Housing Inspector to minimize duplication of efforts.

Evaluation:

1. Prepare a monthly report that documents the percentage of complaints addressed within one to three working days and nature of complaint through Community Plus software program.
2. Provide report of common violators to Director of Community & Economic Development, Director of Health, and Chief Housing Inspector.
3. Review statistics on monthly basis.
4. Compile annual reports outlining number of complaints investigated per complaint code, citations issued and hearings attended.

Objective 3: To initiate an investigation of all potential foodborne disease outbreaks in the City, within 1 hour of notification and/or classification of an outbreak (specific for each suspected agent) throughout 2015.

Activities:

1. Contact the State Health Department and any other appropriate agencies, including the Department of Agriculture, the FDA, etc., as per protocol.
2. Prepare a report and provide appropriate training to the food service operator to prevent reoccurrence.

3. Collaborate with the Communicable Disease Nurses during outbreak investigations.

Evaluation:

1. Outline pertinent issues in a monthly and quarterly report with statistics and narrative.
2. Keep reports for all outbreak investigations.

**Environmental Health Division
Lead Based Paint Assessment
2015 Program Goals and Objectives**

Goal: To identify and eliminate lead hazards in pre-1978 housing.

Objective 1: To conduct a Hazard Risk Assessment within 30-days of Health Bureau's notification by inspecting all dwelling units or other structures occupied or frequented by children between the ages 6 months to 6 years diagnosed with elevated blood lead levels of at least 20 micrograms of lead per deciliter of whole blood or between 15–19 micrograms of lead per deciliter of whole blood in two consecutive tests taken three- to four-months apart throughout 2015.

Activities:

1. All environmental health staff will complete certification requirements in the use of a Lead-In-Paint Analyzer including radiation training and lead risk assessor certification.
2. Assure that environmental health staff receives state approved training and certification in the performance of Lead inspections and risk assessments, as required.
3. Provide assistance to the owners of properties identified with excessive Lead levels to assure that any Lead Hazard Reduction Project conducted in the property is completed in compliance with Bureau guidelines.
4. Prosecute the owners of property who refuse or fail to conduct hazard reduction projects to adequately and appropriately address Lead Paint Hazards, which were identified as the result of a Lead Inspection or Risk Assessment.
5. Research and apply for grant funding to financially assist with abatement of lead hazard and safety concerns within the home.

Evaluation:

1. Resources will be utilized and documented for investigation, education and remediation to reduce public health risks posed by potentially hazardous environmental conditions.
2. Staff training on lead hazard reduction certifications for use of LPA-1 will be kept on file.
3. The type of assistance and cost of abatement will be documented for each property owner requesting help.

4. All documentation regarding prosecutions will be kept on file.
5. Grant funding obtained to support Lead and Healthy Homes programming.

Objective 2: To perform risk assessments and lead hazard reduction in homes where a non-EBL child under 6 years of age lives or spends significant amount of time (defined as more than 6 hours per week), within 30 days of participant enrollment in the Lead Hazard Reduction and Healthy Homes grant throughout 2015.

Activities:

1. Provide assistance to the owner of properties identified with excessive lead levels to assure that any Lead Hazard Reduction Project conducted in the property is completed in compliance with HUD guidelines.
2. Monitor work to ensure proper work practices are being followed.
3. Provide final clearance all Lead abatement projects.
4. Provide clients with lead education and materials to help contain any potential lead sources.

Evaluation:

1. Submit weekly and quarterly reports to the Pennsylvania Department of Health noting the current project, potential projects, and abatement costs submitted under the Lead Hazard Reduction Grant.

**Environmental Health Division
Healthy Homes Program
2015 Program Goals and Objectives**

Goal: Prevent diseases and injuries that result from housing related hazards and deficiencies

Objective 1: Reduce the number of housing units that have moderate or severe physical problems by at least 10% during the client's enrollment in the Lead and Healthy Homes program by December 31, 2015.

Activities:

1. Ensure all housing units enrolled in the Healthy Homes program are current on their inspections.
2. Identify all violations in the home during home visit.
3. Collaborate with code enforcement to bring all units up to date and/or address violations.

Evaluation:

1. Maintain log of homes enrolled in the program and their most recent inspection date.
2. Document all violations identified during home visit.

3. Maintain documentation of code enforcement inspection and recommendations.

Objective 2: Improve post education knowledge check results by at least 25%, thereby improving the client's knowledge base of how to maintain a healthy living environment by December 31, 2015.

Activities:

1. Determine client's knowledge of how to have a healthy and safe environment
2. Provide them with education and tools to maintain a healthy home.
3. Refer clients to other agencies to expand their healthy homes resources.

Evaluation:

1. Survey client's knowledge of healthy homes before the home visit.
2. Complete healthy homes checklist and review with client.
3. Maintain documentation of referrals.

Objective 3: Decrease the risk of all identified lead paint hazards in 100% of the swellings enrolled in the Lead and Healthy Homes program by December 31, 2015.

Activities:

1. Identify potential lead hazards in the home
2. Provide clients with lead education and materials to help contain any potential lead sources.
3. Refer clients to the Lead Hazard Control Program for risk assessment and possible abatement.

Evaluation:

1. Document/photograph potential lead sources.
2. Complete healthy homes checklist and emphasize importance of lead control with the clients.
3. Maintain documentation of all LHCP referrals and risk assessment/abatement statuses.

Objective 4: Decrease the effects of allergens in the home for all Healthy Homes clients by eliminating and/or managing at least one identified allergen source during the client's enrollment in the Healthy Homes program by December 31, 2015.

Activities:

1. Identify potential allergen sources in the home
2. Provide clients with asthma & allergy education and materials to help contain any allergens.
3. Collaborate with landlord and/or health department for proper pest management

Evaluation:

1. Document/photograph potential allergen sources.
2. Complete healthy homes checklist and emphasize importance of allergen control with the clients.
3. Maintain documentation of all referrals and management efforts.

Objective 5: Decrease the likelihood of healthy homes related injuries in the home by eliminating and/or managing 50% of identified, potential injury hazards within the home during the clients' enrollment in the Healthy Homes program by December 31, 2015.

Activities:

1. Identify potential injury hazards in the home
2. Provide clients with injury prevention education and materials to help contain any allergens.
3. Instruct clients on proper way to utilize home safety interventions and provide client with inexpensive options to increase home safety.

Evaluation:

1. Document/photograph potential injury hazards.
2. Complete healthy homes checklist and emphasize importance of injury prevention with the clients.
3. Utilize the Healthy Homes Rating System to rank pre and post intervention scores for homes receiving services.

**Environmental Health Division
Animal Services
2015 Program Goals and Objectives**

Objective 1: To permit all private residences within the City of Bethlehem housing more than six (6) animals, six (6) months of age or older. All residences with more than six (6) animals, six (6) months of age or older, not meeting the permitting requirements must remove the animals from the private residence.

Activities:

1. To provide education on the Animal Ordinance so that residents of the City of an opportunity for voluntary compliance.
2. To respond to all complaints regarding animal sanitation and/or numbers and require all residents who have more than six animals, six months of age or older, to apply for and obtain an animal permit.
3. Send appropriate notification to property owner, file charges or otherwise take action when residents having more than six animals, six months of age or older refuse voluntary compliance.

Evaluation:

1. Monitor the number of complaints received regarding non-compliant individuals.

**Environmental Health Division
Education Services
2015 Program Goals and Objectives**

Goal: To provide educational support for all environmental problems.

Objective 1: To educate a minimum of 100 food operators, facility staff, contractors, landlords and the general public about environmental safety including: sanitary hazards, lead poisoning, vector caused diseases and proper waste disposal by December 31, 2015.

Activities:

1. Encourage operators to attend food management training courses.
2. Environmental Health Department staff will be available to conduct trainings.
3. Provide education to facility staff during the course of inspection in terms of problems and violations.
4. Provide information on courses that are given by the State and the Central Atlantic States' Association (CASA).
5. Encourage pool operator to attend State schools on pools and CASA updates.
6. Inspection of facilities with major violations.
7. Distribution of informative materials via press releases and general public meetings.

Evaluation:

1. Record numbers and types of violations regarding proper sanitation and analyze the data for changes, which result from increased knowledge by the operators.
2. Document certified individual in Food Safety inspection program with date of expiration.

Objective 2: To assist restaurant owners and workers obtain food employee certification by holding a minimum of two City of Bethlehem sponsored certification course by December 31, 2015 and proctor examinations as requested.

Activities:

1. Develop and advertise course to food personnel through Pennsylvania Department of Agriculture, ServSafe website, brochures and contact with new owners within the City of Bethlehem.
2. Proctor the exams as requested.

Evaluation:

1. Maintain a log of dates, names of participants and class scores for each class.
2. Record number of facilities without at least one certified individual during license renewal.
3. Document certified individual in Food Safety inspection program with date of expiration.

PART FOUR

PERFORMANCE REVIEW

Administration and Public Health Planning 2014 Performance Review

Goal: To prevent, promote, and protect the health of City of Bethlehem residents in accordance with the ten essential health services

Objective 1: To implement the Bethlehem Health Bureau's priority initiatives as outlined in the strategic plan: employee wellness, Healthy Homes, data infrastructure, quality improvement, and employee development by December 31, 2014.

Achieved:

An annual project plan was completed for employee wellness, Healthy Homes, data infrastructure, quality improvement, accreditation, media/communications and staff development. The team met quarterly to review progress towards meeting deliverables outlined in each plan. In addition, five subcommittees were formed: employee wellness, continuous improvement, accreditation, media/communications and workforce development. A progress report was completed for each of the seven initiatives at the conclusion of 2014.

Objective 2: To conduct a minimum of 5 continuous improvement initiatives outlined in the strategic plan by December 31, 2014.

Partially Achieved:

Quarterly meetings were held with the CI team in which a total of five initiatives were assigned and implemented throughout 2014: inventory management, client satisfaction, quick reference guide, flex time, and mobile food vendor process.

Improvements to inventory management were not able to be realized in 2014 but this issue is still being worked on in 2015. Additionally, two of the improvement ideas were generated from staff.

Objective 3: To improve the infrastructure for morbidity, mortality, and health outcome related data in the City of Bethlehem by December 31, 2014 in order to better trend data and identify priority focus areas.

Achieved:

The 2014 City of Bethlehem Health Profile was created to summarize birth outcomes, mortality, cancer incidence and selected reportable diseases for the City of Bethlehem. In addition, vital statistics data was analyzed, trended and compared to Healthy People 2020 targets when applicable. The monthly communicable disease report was refined to compare confirmed cases for that particular month to the confirmed cases for the

same time period during the previous year. The communicable disease reports also report year to date data for the current year as compared to the prior year. These changes allow for better review and trending of communicable disease data.

Objective 4: To submit the accreditation application to the Public Health Accreditation Board (PHAB) by June 2014.

Achieved:

An accreditation coordinator was identified in April 2014. The statement of intent along with the three prerequisites: community health needs assessment, community health improvement plan, and strategic plan were submitted to the Public Health Accreditation Board (PHAB) in June 2014. A seven member team was formed to work on selecting and creating documentation to meet the required measures. All required trainings were completed by the health director, accreditation coordinator and team members. At the conclusion of 2014, 50% of the measures were ready for PHAB review.

Objective 5: To promote the services and programs that the Health Bureau provides to the community by engaging the media to publish a minimum of five stories and increasing followers by 20% of Facebook and Twitter by December 31, 2014.

Partially Achieved:

The Bethlehem Health Bureau updated its website in 2014 and the new site was unveiled to the public in December 2014. Since the website was not released until the end of 2014, the total number of website “hits” was not able to be collected for the year. Facebook likes saw a 61% increase from 2013 to 2014 going from 154 likes to 254 likes, respectively. Twitter followers also increased from 218 in 2013 to 335 in 2014, which indicates a 65% increase. Clients are asked on the client satisfaction survey how they heard about the Bethlehem Health Bureau and 8% of those surveyed indicated that they heard about our services through social media/BHB website. The Health Bureau sent 7 press releases to media outlets throughout 2014 and a total of 4 stories were covered: drive thru flu clinic, breastfeeding collaboration with the Rotary Club and WIC, pedestrian stings, and Get Your Tail on the Trail.

Objective 6: To develop an annual workforce development plan that aligns with the results of the training needs assessment by December 31, 2014.

Achieved:

This was the first year of the BHB staff development plan, which was created primarily from the results of the training needs assessment conducted by Drexel University in 2013. Thirteen types of trainings were held throughout the year; one of which was held on a monthly basis during staff meetings and two that are annually mandated. The trainings conducted were: Public Health History, Motivational Interviewing, Blood Borne

Pathogens, CPR/1st Aid, PA-NEDSS Security and Confidentiality, Facilitation Skills for Group Level HIV/STD Intervention, EPI Info 7, BHB Incident Command Structure Roles & Responsibilities, Dynamics of Hispanic Culture, Prezi Tutorial, Non-Verbal Communication, and Performance Management Overview. Conference report outs are now included in staff meetings so that any staff who attend conferences can share outcomes from these events.

Maternal and Child Health Division Maternal and Child Health Program 2014 Performance Review

Goal: To promote the physical, social and emotional health status of mothers, infants, children and families; to eliminate maternal complications of pregnancy; and to eliminate infant morbidity in the City of Bethlehem.

Objective 1: To assure that 100% of families with children referred to the Maternal Child Health Program have access to adequate primary care services and preventative health education programs by December 31, 2014 by assisting in a minimum of 50 COMPASS/CAC applications for qualifying families.

Baseline: 59 in 2014

Target: ≥50

Target setting method: 10% improvement annually

Data Source: PA COMPASS

Achieved:

A total of 39 applications were completed using COMPASS in 2014 and 23 through the Health Marketplace, the ACA program for uninsured individuals. Of those 17 are known to have been approved and 19 were denied. Reasons for denial could not be determined. Additionally, a CAC from the Neighborhood Centers of the Lehigh Valley, provide application assistance services to health bureau clients in 2014. A total of 20 individuals were enrolled through the Marketplace and 40 were enrolled in Healthy PA. This resulted in 77 individuals being enrolled in a health insurance plan.

BHB worked to promote the Federal Government's Health Insurance Marketplace, a resource resulting from the Affordable Care Act (ACA). Promoting the Healthcare.gov website for the Bethlehem Community, BHB staff were trained as Certified Application Counselors (CAC) through the Centers for Medicare. These staff referred and assisted eligible individuals to apply for health insurance coverage beginning in October 2014. Bilingual staff work with eligible families and individuals to complete Marketplace applications. Several clients of BHB were able to obtain coverage through the Marketplace and ACA, and others gained coverage through employers. BHB provided education for many consumers on the Marketplace which was a complicated and confusing process for many individuals.

Every effort was made to connect individuals/families with financial assistance programs at local hospitals and or through other resources if denied insurance coverage through the Marketplace.

Objective 2: To provide follow up and support to 100% of pregnant women and new mothers at risk for prenatal or postpartum depression using an evidence-based screening tool.

Baseline: 45% rescreen for 2013

Target: 90% of positive screens

Target setting method: 45% improvement

Data Source: BHB databases

Partially Achieved:

A total of 460 pregnant or postpartum women were screened with the Edinburg Perinatal Depression Scale (EPDS) at St. Luke's University Health Network Women's Health Center as a part of their initial prenatal visit. Forty-two percent (n=195) of women were residents of the City of Bethlehem and were tracked and entered in the Excel database maintained by the Bethlehem Health Bureau. All n=195 (100%) of the Bethlehem women screened received information on perinatal/postpartum depression through educational mailings whether they scored positive or negative. Educational packets included information on: perinatal depression, "baby blues", safe sleep, shaken baby syndrome, text4baby. Healthy Homes and Partners for A Healthy Baby program are offered to interested families providing increased support for mothers with infants and young children. Literature was provided in English or Spanish, as indicated by choice of language for the patient on the referral form. All literature contained a "Helpline" for perinatal/postpartum depression and other local resources for women in need of behavioral health support or counseling.

A total of 25% (n=48) of the women scored positive (≥ 10) on initial EPDS. BHB provided follow up home visits on 25% (n=12) either prenatally or postpartum. Six (6) women were referred for treatment through the Lehigh Valley Mental Health Center. If contact was made, most women accepted the offer of a home visit. The community health nurse provides information on the BHB's home visiting program using the evidence based curriculum "Partners For a Healthy Baby" (PFHB) providing parenting education and support as well as donated newborn supplies which encourage home visits. SLH women's center staff has taken a pro-active role in creating an awareness of perinatal and postpartum depression and providing counseling services on site at prenatal/postpartum appointments with social workers.

Barriers identified:

- Incomplete referral forms: The MCH nurse at BHB made contact and communicated with St. Luke's Women's Clinic staff to resolve this issue.
- Communication issues: disconnected phones, wrong numbers, VM not returned, often not sure if phone number given is the clients so limited information is given due to HIPAA requirements

- Clients connected to care: clients indicated they were seeing a “social worker” or had an identified resource for their mental health issues
- Staff changes at clinics providing referrals

Objective 3: To enroll 80 pregnant or new mothers into either of the MCH home visiting programs: Partners for A Healthy Baby (PFHB) curriculum or Healthy Homes by December 31, 2014.

Not Achieved:

Sixteen mothers were enrolled in the PFHB program in 2014. These moms were referred from either BHB programs: (Healthy Homes, Immunization Clinic), WIC, St. Luke’s Health Network Program: Parents as Advocates in the Home (PATH), a local hospital resource for families needing assistance which has developed a waiting list due to decreased funding, or self-referrals of mothers hearing about the program from other mothers in the community.

Of the 16 mothers enrolled sometime in 2014, 62.5% were discharged due to enrollment in another home visiting program, lost to follow up or no longer interested, 90% were documented as receiving adequate prenatal care, 38% indicated either smoking or substance abuse during the pregnancy. Breastfeeding was initiated by six mothers enrolled in PFHB and 2 (12.5%) were still breastfeeding some at 6 months.

In 2014, 69 referrals were received and 41 (59%) healthy home visits were conducted. These visits were referred either through the MCH infant program or the environmental health program. Living arrangements and interest in home visits were identified barriers by staff. When healthy homes visits were conducted, the client was supplied with tools to help reduce health hazards in the home including; low odor cleaning products, food storage containers, child safety items and other safety related tools. Referrals were made to appropriate resources when necessary and referred to partnering agencies; including the BHB Lead Hazard Control Program, City of Bethlehem Housing and Code Enforcement, and WIC. Healthy Homes visits are continually offered in collaboration with other BHB programs and promoted to all clients. Most referrals were received for child safety related issues and the most common findings were unlocked cabinets with accessible poisons, sharp corners, uncovered outlets, smoking in the house, mold from moisture problems, and no smoke detectors/batteries. Visits were documented and tracked in database.

Objective 4: To improve the knowledge, attitude and behaviors of 100% of new parents referred on safe sleeping practices for newborns.

Baseline: 69%

Target: 75.9%

Target setting method: 7% improvement

Data source: BHB database (Excel/Epi-Info)

Achieved:

In 2014, we received 23 referrals and distributed 21 pack and plays. Clients referred outside the City of Bethlehem and those with infants who were over the weight limit for the pack and play were unable to receive cribs due to program guidelines. Special accommodations may be made for critical situations putting infants at immediate risk on a case to case basis. BHB staff referred as appropriate to other resources. BHB utilized bilingual staff when necessary to reach Spanish speaking patients. All recipients of a pack and play were able to demonstrate proper set up and take down of pack and play as well as verbalize what a safe sleeping environment consists of. A sleep sack was also given to the parents for the child if appropriate in order to eliminate the need for a blanket and promote safe sleep, proper use of the sleep sack was also demonstrated to the client. Follow up phone calls were made to all families who received a safe sleep set. Seventeen women were reached while those women who could not be contacted either had disconnected numbers, did not call back or were not interested in speaking. During the phone call, proper use of the pack and play was confirmed by the parents responses. All recipients also received a packet of information about safe sleeping, breastfeeding, and immunizations. Funding to purchase more pack and plays was provided by the DeSales student fundraising which allowed us to buy fifteen Pack N' Plays with safe sleep kits.

Objective 5: To promote breastfeeding through membership in the Lehigh Valley Breastfeeding Coalition (LVBC) supporting recommendations of the Surgeon General's "*Call to Action to Support Breastfeeding*."

Partially Achieved:

The Baby Friendly Hospital Initiative (BFHI) continues to be supported through the LVBC for local hospitals. Training and funding opportunities are shared with hospital staff who are members of the LVBC to share with administrators. Both hospitals have signed letters of commitment moving toward BFHI status.

Monthly meetings held between three local hospitals were attended by BHB staff. BHB staff helped in coordinating events, meetings and projects.

BHB staff presented the abstract "Unique Collaborations in Breastfeeding Support" at the annual United States Breastfeeding Coalition conference in Arlington, VA in August, representing the LVBC. BHB staff highlighted the local breastfeeding coalition and its achievements since 2011 and its unique collaboration with art venues, colleges, business, professionals, hospitals and other organizations working to promote breastfeeding in the Lehigh Valley.

The Big Latch-On Event, during World Breastfeeding Week in August 2014, was held and 39 breastfeeding mother and infant pairs attended. Media coverage was excellent with TV and newspaper coverage of the event. All meetings, projects and events are recorded for the LVBC in monthly minutes by BHB MCH staff. "*Breastmilk, the Movie*", a documentary highlighting the real issues families/parents/mothers struggle with around breastfeeding, was hosted at Arts Quest Center in October 2014 for over 50 community

members. Follow up discussion with local academic professors in Women's Studies discussed the relevance of the movie to the local community. The Lehigh Valley Breastfeeding Coalition was promoted and profits from the ticket sales went back to the Coalition to be used for outreach, awareness and education.

Maternal and Child Health Division Child and Adolescent Health 2014 Performance Review

Goal: To increase the number of Bethlehem City children and teens accessing needed preventative health education programs to improve overall health and wellness in this population.

Objective 1: To increase the number of children and teens receiving health prevention and education materials and programs by December 31, 2014.

Partially achieved:

Two handwashing presentations using "Glitterbug" education program materials were conducted for 19 children and 7 adults in elementary schools. These were conducted during influenza season.

Objective 2: To increase the number of 15-24 year old women receiving family planning services, routine gynecological care, including annual pap smears and breast exams, and sexually transmitted disease screenings and follow up to those women at high-risk as recommended by the American College of Obstetrics and Gynecology (ACOG) to at least 50 women by December 31, 2014.

Partially achieved:

In 2014, a total of 38 women age 15-24 years were seen at least once in 2014 at BHB Women's Clinic for family planning services. In 2014, 111 individual women of reproductive age (15-44 years) were seen services.

Four abnormal pap smears required follow up or referral to additional resources. Two women required referrals for mammography which identified normal findings. Despite efforts to have services in close proximity to the target population (15-19yrs) it has continued to be difficult to promote (advertise) services directly to teens because of the school district concerns. We are working with St. Luke's Health Network to refer high school students tested for STD's on the mobile medical van through a special initiative to be referred for contraception education and services.

Objective 3: To reduce the incidence of infant and child mortality in children from birth thru twenty-one years of age and identify prevention practices to help reduce the number of preventable deaths in Northampton County and Bethlehem City by December 31, 2014.

Achieved:

BHB staff chaired the Northampton County Child Death Review Team in 2014, conducting quarterly meetings and attending the Annual PA CDRT state meeting. Nineteen infant and child deaths were reviewed. Of those, six (31.5%) were determined to be preventable and five (26%) were determined not-preventable by the team. One could not be determined and 7 were held over until 2015.

BHB staff continues the promotion of evidence-based initiatives including the Safe to Sleep Initiative from Eunice Kennedy Shriver Institute of Child Health and Human Development, Text4Baby and Front Porch Project (FPP), among a few.

Bethlehem Health Bureau supported a FPP “train the trainer” program for child abuse prevention in the Lehigh Valley through training provided by PFSA and funded by Two Rivers Health and Wellness Foundation. Suicide prevention in local schools continued with two high schools and one middle school providing the “Yellow Ribbon” campaign for adolescents. Presentations and attendance at Northampton County Child Welfare multidisciplinary meetings (MDT) and near fatality team meetings continued to identify prevention needs in the community.

Maternal and Child Health Division Children with Special Healthcare Needs 2014 Performance Review

Goal: To reduce the impact of environmental conditions on chronic childhood asthma, increase sealant usage to improve dental health for children and assure the physical and mental health of newborns through preventative newborn screening tests, SIDS counseling and education and necessary follow up for families in Bethlehem.

Objective 1: To increase by 20% the number of children with at least one tooth sealant in BASD and City of Bethlehem school children by December 31, 2014.

Partially Achieved:

BHB, collaboratively with Northampton Community College dental hygiene students, provided dental education for ten elementary schools reaching 540 third grade children. Approximately 2,013 tooth sealants, a decrease from 2013 (n= 2,200) were applied through the Bethlehem Partnership Dental Initiative in collaboration with the Northampton Community College Dental Hygiene students.

Objective 2: To assure infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2014.

Achieved:

No referrals were received.

Objective 3: To provide counseling, support and referrals to families of infants experiencing Sudden Infant Death Syndrome (SIDS) in Bethlehem City by December 31, 2014.

Achieved:

No referrals were received in 2014 for families experiencing infant death in Bethlehem.

Objective 4: To assure infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2014.

Achieved:

No referrals were received for failed newborn hearing screenings.

Communicable Disease Division 2014 Performance Review

Objective 1: To increase the identification and reduce the transmission of communicable diseases by investigating 100% of Notifiable Disease Reports, National Electronic Data Surveillance System (NEDSS) reports, suspect and confirmed communicable disease outbreaks in accordance with the guidelines indicated by the Pennsylvania Department of Health (PADOH) through December 31, 2014.

Achieved:

PA NEDSS is used by all Bethlehem Health Bureau staff to conduct communicable disease investigations. Staff review PA NEDSS reports twice daily and begin investigations within the required timeframe per PA DOH. BHB staff investigated 1,122 reports, 43% (n=486) of which were confirmed cases. The top six communicable disease investigations account for 70% (n=791) of communicable disease investigations in Bethlehem. Those investigations include: Campylobacter –18; Chlamydia-474; Gonorrhea- 91; Hepatitis B –88; Lyme disease –64; & Salmonellosis-56 with case classifications noted in the chart below.

	2014 Bethlehem Communicable Disease Investigations				
Disease	Reports	Confirmed	Probable	Suspect	Total
Campylobacter	18	8	0	7	15
Chlamydia	474	364	0	0	364
Gonorrhea	91	57	0	0	57
Hepatitis B	88	0	9	0	9
Lyme	64	7	18	7	32
Salmonellosis	56	11	0	1	12

BHB staff entered about 21 paper reports from private providers, primarily rapid Influenza A & B reports from primary care offices. We informed all local providers that they were now required to enter all communicable disease reports directly into NEDSS and were encouraged to contact the PA DOH for assistance with reporting electronically into PA NEDSS. Some providers continue to use paper reports for positive rapid influenza tests.

Form letters are updated as needed. Surveillance and epidemiology databases are monitored regularly to identify potential outbreaks or health threats. BHB staff were involved in 3 norovirus outbreaks in 2014; one confirmed and two suspected norovirus outbreaks in January and February at a rehabilitation hospital, long term care facility and one assisted living facility in Bethlehem. BHB staff were involved in five influenza outbreaks in 2014; two long term care facilities and three assisted living facilities in January, February and December 2014.

Objective 2: To increase staff competency in communicable disease investigation, and epidemiological practices, as related to disease incidence in the City of Bethlehem through attendance or viewing of monthly webinars/webex/trainings/conferences throughout 2014.

Achieved:

Bethlehem Health Bureau staff attended all the DOH Epidemiology meetings in 2014. All staff completed required PA NEDSS confidentiality training on the Learning Management System in 2014. PA NEDSS training is recommended for all BHB staff to participate in as offered. Several PA DOH epidemiology WebEx's have been viewed by BHB investigative staff.

Staff viewed EpiInfo7 training webinars with PA DOH. Monthly CD/NEDSS meetings with administrative and investigative staff were held monthly.

Communicable Disease Division 2014 Immunization Program Performance Review

Goal: To assure competent, consistent, and convenient immunization services to uninsured and underinsured Bethlehem Area School District (BASD) children and adult city residents.

Objective 1: Bethlehem Health Bureau immunization program will continue work to reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases in accordance with the National *Healthy People 2020* Immunization Objectives by December 31, 2014.

Achieved:

During 2014, the immunization program investigated 100% of reported cases of vaccine preventable diseases according to guidelines set by the PA DOH Division of Immunization and CDC. Investigations and follow-up were completed on the following cases: 9 Hepatitis B, 1 Pertussis, and 6 varicella.

In addition to cases investigated, the Bureau staff administered a total of 2,279 vaccines, which included 524 vaccines to children. These numbers do not include flu vaccinations. A total of 1,515 flu doses were administered to children and adults. Additionally, a total of 209 children and 227 adults were vaccinated in 2014.

The immunization program enrolled 2 Hepatitis B Surface Antigen positive mothers in the Perinatal Hepatitis B Prevention Program.

The immunization program provided 12 flu clinics for seasonal flu vaccinations to the public and various community sites, home visits and clinics held at the Health Bureau.

There was 1 VAERS report completed and submitted.

The immunization program advertised using different venues promoting flu vaccine and BHB's flu clinic schedule. Venues included bus shelters, buses, local newspapers, and the BHB website.

BHB immunization coordinator developed and implemented a flu vaccination program for City of Bethlehem employees. BHB continued with a health consultation program at the local library, a soup kitchen and a day program for the homeless. This monthly service is intended to provide education, health screenings and immunizations to the

underserved adult population. BHB immunization coordinator is providing education and resources to non-VFC providers in regards to proper vaccine storage and management.

In September, long-term care facilities were sent information about flu reporting. Instructions on the reporting requirements to BHB were sent. A copy of a reportable disease form was also included with instructions on how to complete the form. A flu update was sent in December. The update included information on the status of flu in Pennsylvania and a reminder to collect information required for LTC facility reporting.

During National Public Health Week, free Tdap was administered during a health fair held on the Health star van located in a low-income neighborhood. During Hepatitis Testing Day, testing and education was provided at two local soup kitchens, a food bank and BHB clinics. On numerous visits to drug and alcohol facilities and homeless shelters, adult vaccinations were offered and education was provided.

Objective 2: Achieve and maintain effective vaccination coverage levels 4:3:3:1:3:3:1 for universally recommended vaccines among children under 24 months of age by December 31, 2014.

Achieved:

Bethlehem had one client in the birth cohort (by 24 months) at the time the assessment was completed. This child was in 100% compliance for recommended vaccines through 24 months of age.

A PA immunization card is provided to each child and adult when they attend a BHB clinic. Cards are also provided to local medical offices populations upon request.

Weekly childhood immunization clinics are held at three local elementary/middle schools. Clinics are held during morning, afternoon and evening hours.

BHB continues to promote immunization services in all areas of the City by providing clinics at local schools and the health bureau office. All clinics are accessible using public transportation, along with private transportation and by foot.

Reminder calls are made to scheduled clients one day prior to their appointment. Each client is contacted through phone call or mail 3 times following a missed appointment before the client is discharged from the clinic.

Objective 3: Increase routine vaccination coverage levels for adolescents

Achieved:

BHB provided vaccines to school nurses to have them vaccinate eligible children in school.

Clinics are held at 3 district schools during early evening hours. Walk-ins are accepted at these clinics along with scheduled appointments. The Bethlehem Health Bureau collaborated with the local school district to assist in providing adolescent immunizations to meet school requirements.

The LVIC held an educational event at an Iron Pigs Game. Information on Immunizations across the lifespan was given out along with color changing cups with LVIC logo.

BHB participated with Bethlehem Area School District in administering flu vaccine to children and parents at a drive-thru clinic.

Objective 4: Increase routine vaccination coverage levels for adults.

Achieved:

Twice weekly immunization clinics are held for adults by appointment and on a walk-in basis. Immunizations provided include Tdap, MMR, Hepatitis A and B, HPV and pneumovax. Low cost vaccines offered include varivax, IPV, Hepatitis A and B, MCV and zostavax. Other BHB clinics are offered to these clients during evening clinics. Weekend clinics are scheduled monthly. BHB flu clinic schedule includes morning, evening and weekend hours.

During National Public Health Week, free Tdap was administered during a health fair held on the Health star van located in a low-income neighborhood. During Hepatitis Testing day, testing and education was provided at two local soup kitchens, a food bank and BHB clinics. On numerous visits to drug and alcohol facilities and homeless shelters, adult vaccinations were offered and education was provided.

LVIC has promoted flu vaccination through ads on City buses throughout the Lehigh Valley. BHB offers flu shots on a walk-in basis the week of NIVW encouraging vaccination without the limitations of scheduling an appointment.

The immunization coordinator attended NCIC in Seattle. PIC was also attended by the coordinator in June.

The nurses attended CDC immunization updates, PA-AAP-Immunization update webinar, pharmaceutical vaccine in-services for new vaccines and STD webinars.

Objective 5: The immunization program will explore the use of an electronic database (EHR) along with third party billing options.

Achieved:

The immunization program is now utilizing the EMR system during clinics. The EMR does interface with PA-SIIS, transmitting all immunizations given into the registry.

The immunization program has acquired and is using laptops, a scanner, and Mi-fi for all immunization clinics.

BHB has submitted requests to be credentialed by the top 5 insurers in the Lehigh Valley. Highmark has credentialed for billing purposes. The remaining 4 applications are pending.

Objective 6: The immunization program will promote immunization awareness for children and adults as an active member of the Lehigh Valley Immunization Coalition (LVIC) by December 31, 2014.

Achieved:

Quarterly meeting were held for LVIC members. The immunization coordinator is co-chairperson of the LVIC.

LVIC has promoted flu vaccination through ads on City buses throughout the Lehigh Valley. BHB offers flu shots on a walk-in basis the week of NIVW encouraging vaccination without the limitations of scheduling an appointment.

The LVIC held an educational event at an Iron Pigs Game. Information on immunizations across the lifespan was given out along with color changing cups with LVIC logo.

The LVIC distributed bags which included educational handouts on immunizations and sample baby items. These bags were provided to the local high schools, ob/gyn clinics and mother/baby units, WIC offices and handed out during BHB's immunization clinics.

Objective 7: The immunization program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2014.

Achieved:

In 2014 the following conferences/meetings were attended by BHB staff members(s):

- National Conference on Immunization Coalitions(NCIC) in Seattle
- Pennsylvania Immunization Conference(PIC) in Reading
- BHB monthly preparedness trainings/drills
- PA NEDSS training releases
- PA DOH immunization conference calls
- Perinatal Hepatitis B conference calls
- PAIC planning meeting conference calls

- CDC immunization updates including vaccine safety and storage and handling
- Immunization Action Coalition conference calls
- STD webinars
- PA-AAP-immunization update webinar
- The Immunization coordinator updated the anaphylaxis kits and protocol. The protocol was reviewed with the other BHB nurses.

Objective 8: The immunization program will plan and participate in at least six health promotion events for specific targeted populations to increase awareness and immunization rates by December 31, 2014.

Achieved:

LVIC has promoted flu vaccination through ads on City buses throughout the Lehigh Valley. BHB offers flu shots on a walk-in basis the week of NIVW encouraging vaccination without the limitations of scheduling an appointment.

The LVIC held an educational event at an Iron Pigs Game. Information on Immunizations across the lifespan was given out along with color changing cups with the LVIC logo.

During National Public Health Week, free Tdap was administered during a health fair held on the Health star van located in a low-income neighborhood. During Hepatitis Testing day, testing and education was provided at two local soup kitchens, a food bank and BHB clinics. On numerous visits to drug and alcohol facilities and homeless shelters, adult vaccinations were offered and education was provided.

The immunization program advertised using different venues promoting flu vaccine and BHB's flu clinic schedule. Venues include bus shelters, buses, local newspapers, and the BHB website.

NIIW-distributed bags to mother/baby units, WIC offices, local high schools, in immunization clinics and during home visits. NIIW was promoted through ads on BHB website, Lanta buses, bus shelters, 69 news web online, and Bethlehem Press newspaper.

In celebration of Hepatitis Awareness month, Hepatitis C testing was provided at 2 shelters and BHB clinics. Education on Hepatitis A, B and C was provided. Vaccines were provided to those who are uninsured.

BHB immunization coordinator developed and implemented a flu vaccination program for City of Bethlehem employees.

The health consultation program continued at the local library, a soup kitchen and a day program for the homeless. This monthly service is intended to provide education, health screenings and immunizations to the underserved adult population. By the end of 2014, BHB has been going to a soup kitchen and day program for the homeless each twice a month. Blood pressure screenings are provided along with education on a monthly health topic. Referrals to various social services are also provided based on the need.

Objective 9: Educate non-VFC providers on proper vaccine storage and management.

Not Achieved:

Completed in 2013

Letters were mailed to all non-VFC providers in Bethlehem. Educational materials were included on vaccine storage management and transportation. Site visits were offered. The provider list for City of Bethlehem family practice and pediatricians was updated.

Objective 10: Increase flu vaccination rates among City of Bethlehem residents and Bethlehem Area School District (BASD) children.

Achieved:

A total of 12 flu clinics were held for City of Bethlehem residents and Bethlehem Area School District children. One of these clinics was a drive-thru clinic that provided flu vaccine to children and their parents. BHB received flu vaccine from LVH and was able to offer it to the homeless and underinsured population and homeless shelters and soup kitchens. The Bethlehem Health Bureau administered 1515 flu vaccines between September and December.

**Communicable Disease Division
Tuberculosis Program
2014 Performance Review**

Goal: To reduce the transmission of tuberculosis and its associated health consequences through surveillance, report investigation, education and medical treatment.

Objective 1: To conduct tuberculin skin testing (TST) or Interferon Gamma Release Assay (IGRA) targeting to at least 100 individuals at high-risk for latent tuberculosis infection or developing active tuberculosis disease by December 31, 2014.

Partially Achieved:

Tuberculin skin testing was discontinued at the end of 2013 as a result of CDC recommendations. IGRA testing, using the T-Spot test, was used for clients who were identified as high risk. Eighty T-Spot tests were performed and 4 Quantiferon TB – Gold tests were performed through St. Luke’s Hospital.

Objective 2: To reduce the transmission and health consequences of 100% of patients with active tuberculosis by providing case management and medical treatment in accordance with the CDC’s recommended therapy regimen by December 31, 2014

Achieved:

One patient was referred to BHB for active TB. This patient is currently being treated and is expected to finish treatment in March 2015.

Objective 3: To increase the number of LTBI patients to take INH medication and adhere to the treatment for the recommended 9 months.

Achieved:

# of referrals received in 2014	42
# of clients seen in clinic	15
- Opted for Treatment	7
- Declined Treatment	4
- Not treated due to MD decision	3
- Private MD tx	1
Lost to follow up	14
Declined appointment	3
Privately treated (not seen in clinic)	1
Scheduled for 2015 clinic	9

Ten international, high-risk students from Lehigh University completed treatment with the 12 week regimen.

Objective 4: To reduce the transmission and health impact of tuberculosis by initiating NEDSS investigations for 100% of active or suspected tuberculosis cases within one working day of report or referral as recommended by the PADOH’s tuberculosis treatment guidelines.

Achieved:

One patient was referred as an active TB suspect – this patient was interviewed within 24 hours of receiving the referral.

Objective 5: To reduce the transmission of tuberculosis through identification and tuberculin testing of 100% of close contacts, especially those with immune-

compromising conditions and children 4 years old and younger, by using the CDC algorithm for Disease Investigation and Management from MMWR dated Dec 16, 2005 in order to identify the source case of infection and prevent future transmission.

Achieved:

There was one close contact of the active TB case identified and this person was tested in his home country as well as through his university. Both tests were negative.

Objective 6: To increase the identification and reduce the complications of co-morbid tuberculosis and HIV infections by increasing the number of clients who participate in latent TB prophylaxis therapy and receive HIV testing at no charge by December 31, 2014.

Achieved:

Every patient seen in the tuberculosis clinic is offered a free HIV test and educated on the connection between HIV and tuberculosis. In 2014, 15 patients were tested for HIV in tuberculosis clinic. The tuberculosis nurse works closely with the HIV staff to ensure anyone newly diagnosed with HIV is offered a tuberculosis test at no charge.

Objective 7: Educate BHB staff about active vs. latent tuberculosis disease and the importance of testing at-risk individuals for exposure by December 31, 2014.

Achieved:

A short presentation on tuberculosis was given to BHB staff during a staff meeting in March 2014. Topics included testing updates, including discontinuation of skin testing as well as an explanation of IGRA testing. Review of active vs. latent TB discussed.

**Communicable Disease Division
HIV/AIDS Prevention Program
2014 Performance Review**

Goal: To reduce the spread of HIV and its consequences to health, particularly among at-risk populations, through HIV prevention counseling/testing, surveillance, education, and partner services.

Objective 1: By December 31, 2014, a minimum of 845 individuals will participate in an HIV prevention counseling intervention and will receive an HIV antibody test at BHB CTR sites.

Partially Achieved:

There were a total of six hundred ninety-eight (**698/845**) people who received an HIV test at BHB counseling/testing/referral sites, which represents **83%** approximately **7%** less than previous year.

All activities listed in the program plans were performed, with the exception of limiting the number of OraQuick Rapid HIV test to those clients requesting that method of HIV testing. The change did not make an impact on total number of tests performed and was due to the new multi spot test technology available.

STD clinic: 236/400 (59%), one newly identified HIV positive;

Women's/family planning clinic: 114/200 or (57%)

Wellness Clinic, 348/200 (74%) one newly identified and two previously identified HIV positive.

Social Network: 0/45

Objective 2: That by December 31, 2014, 25% of all the people tested at a BHB CTR site identified at least one of the following risk factors: IV drug use, partner of an IV drug user, sex for drug/money, MSM or sex with HIV positive person.

Not Achieved:

There were ninety-two (**92**) (**13%**) tested who reported target risk factors of all people tested at BHB CTR sites. Failure to achieve this goal is partly due to the continued decline in number of people requesting HIV CTR at BHB CTR sites and the lack of interest in participating in the Social Network Strategy intervention.

Objective 3: At least 5 MSM recruiters will be enlisted and 45 network associates will be tested through the social networking strategies program by December 31, 2014.

Not Achieved:

All activities listed in the program plans were performed. Efforts were made to discuss the Social Network Strategy intervention with all MSM clients; even though fifty-six (**56**) people who were tested at a BHB CTR site identified as MSM, only one recruiter showed interest in the intervention but never responded to follow up. There is still a lack of interest by the MSM population in participating in this intervention. BHB staff participated in a collaborative process with other HIV testing agencies to identify ways to improve testing of MSM populations. A survey was being developed with focus group questions relevant to the MSM population.

Objective 4: The number of HIV positives identified through BHB HIV CTR sites is 1% of all people tested and that 100% of those HIV positives will receive post-test counseling by December 31, 2014.

Not Achieved:

BHB HIV/AIDS Program continues to struggle to achieve the 1% positivity rate. BHB has made a concerted effort to deliver CTR services more effectively by reaching out to the MSM population and by interviewing HIV positive patients at the medical clinic and those reported through PANEDSS and through partner elicitation. The sero-positivity rate for the year 2014 was .003% (**2/698 newly positives**). The two HIV positive persons were post-test counseled, referred for medical and support services, and partner services were offered. All activities listed in the program plans were implemented.

Objective 5: A total of 75 HIV positive patients will participate in partner services; a minimum of 35 partners will be elicited; 26 partners will be notified; and 12 partners will be tested by December 31, 2014.

Partially Achieved:

There were twenty-nine (**29**) HIV positive patients interviewed, offered partner services, and had a STD other non-reportable investigation opened in PA NEDSS for each person interviewed. There were twenty-nine (**29**) partners named; twenty (**20**) partners were notified; eleven (**11**) partners were tested by BHB and one (**1**) was newly identified HIV positive; ASC identified two (**2**) newly HIV positive; seven (**7**) partners were known to be HIV positive; nine (**9**) refused to provide information on partners.

Objective 6: That by December 31, 2014, in order to increase effective surveillance of HIV/AIDS, the Bethlehem Local Morbidity Reporting Office will conduct a minimum of twelve (12) face to face interviews with newly identified or previously identified HIV positive persons who are tested through a private provider and reported through PA NEDSS.

Partially Achieved:

There were ten (**10**) letters mailed to confirmed HIV positive individuals and five (**5**) 50% of them responded for interviews.

Objective 7: That by the end of the year 2014, the monthly HIV incomplete investigation report is maintained below ten (10) incomplete investigations per month.

Not Achieved:

There were three months that the objective was achieved but from June through December 2014, the monthly HIV incomplete investigation list averaged twenty incomplete investigations. This objective was impossible to achieve due to St Luke's University Hospital using HIV-1 RNA testing as a screening test to identify HIV infection. Monthly chart audits were conducted at St Luke's medical records to identify HIV-1 RNA reports as a HIV investigation in PA NEDSS that were not a case and closed.

Communicable Disease Division STD Program 2014 Performance Review

Program Goal: To reduce the transmission of sexually transmitted diseases (STDs) and their respective health consequences through the promotion of responsible sexual behaviors through education and increased access to quality clinical services.

Objective 1: That by December 31, 2014, 98% of all STD investigations, (Chlamydia, Gonorrhea, Syphilis) reported through PA NEDSS will have an interview as a value.

Partially Achieved:

There were three-hundred ninety- one (**391**) or **90%** investigations with interview as a value out of four-hundred thirty-eight (**438**) investigations conducted. Attempts to interview included phone calls, field/home visits and letter mailed. Some patient refused interview or are unable to locate.

Baseline: 94% of investigations reported through PA NEDSS in the year 2013 had an interview as a value.

Target: 98%

Target setting method: 4% improvements

Data source: STD PA NEDSS cognos and analysis

Objective 2: That by December 31, 2014, PA NEDSS investigations with a contact as value will increase to 75%.

Partially Achieved:

There were two-hundred twenty-two (**222**) out of three-hundred ninety-one (**391**) patients interviewed that named contacts or **57%** of the investigations with a contact as value. A total of two-hundred forty-eight (**248**) contacts were named.

Baseline: 67% of confirmed cases reported through PA NEDSS in the year 2013 had contact as a value

Target: 75%

Target setting method: 8% improvement

Data source: STD PA NEDSS cognos and analysis

Objective 3: By December 2014, increase the number of at risk individuals screened and notified of a hepatitis C positive result and refer 100% for follow up care following CDC recommendations.

Achieved:

There were seventy-seven individuals **(77)** tested for hepatitis C; six **(8%)** were HCV positive and all were referred for medical follow up.

Baseline: 46 individuals screened for hepatitis C in 2013

Target: 58 individuals

Target setting method: 25% improvement

Data source: BHB database and PA-NEDSS

Objective 4: Confirm treatment and test of cure for all PA NEDSS STD investigations when the client is pregnant.

Partially Achieved:

There were eighteen **(18)** investigations of pregnant women reported and two **(11%)** investigations have no treatment confirmed documented.

Baseline: 23 investigations of pregnant women were reported to the Bethlehem Health Bureau via PANEDSS in the year 2014.

Target: 100%

Target setting method: 100% improvement

Data source: PA NEDSS cognos and analysis

Objective 5: In the year 2014, BHB will continue to offer and perform rectal/throat culture for men who have sex with men (MSM), as part of the PA DOH Gonococcal Isolate Surveillance Project (GISP).

Partially Achieved:

There were two GC culture and one throat culture done and they were negative. A total of fifty-six MSM were seen at clinics; not all MSM were offered GC/throat cultures in STD.

Baseline: 1 GC rectal cultures was performed in the year 2013

Target: 5 GC cultures

Target setting method: 100% improvement

Data source: PA BOL and BHB Monthly HIV CTR report

Objective 6: Screen 100% of patients in STD clinic and offer hepatitis A/B and HPV vaccines.

Not Achieved:

There were four-hundred-forty-five **(445)** people who were tested for STD's, not only at BHB STD clinic, but at all CTR clinics, where they were screened for immunization history. Few clients received recommended vaccines. Some were missed during transition to electronic health records and changes in processes documented and some were ineligible under the new State Immunization guidelines for adults.

**Communicable Disease Division
Rabies Surveillance Program
2014 Performance Review**

Goal: To reduce the transmission of rabies and its health consequences in the City of Bethlehem through surveillance, preventative animal vaccinations, education and report investigation.

Objective 1: To prevent the transmission of rabies disease by investigating 100% of reported animal bites in the City of Bethlehem, and recommending appropriate medical follow-up of the victim(s).

Achieved:

A total of 100% (158) of animal exposure (bite, scratch, saliva) victim notifications and reports received through telephone calls, faxes, or in person were investigated by a trained investigator. Of the reported animals there were 119 dogs, 33 cats, 7 bats, one squirrel, one ferret, and a rat. A total of 138 of the cases had known human contact. There were 10 wild and domestic animals that were sent for rabies testing. None tested positive for the rabies virus; however, as a precaution five of the nine victims who sought rabies post-exposure prophylaxis chose to complete treatment. BHB investigators spoke with all responsive and known victims regarding wound care, asked about treatment given, and recommended follow up with medical care providers as necessary.

Objective 2: To educate 100% of known owners and victims about PA State rabies laws and City of Bethlehem ordinances and ensure compliance to laws as applicable to animal bite/exposure incidents.

Partially Achieved:

All animal exposure victims and known owners were mailed an investigation letter, which contained a brochure discussing PA State rabies laws and, when applicable, PA State Dog Law. Information regarding City of Bethlehem ordinances, including the leash law, was given as appropriate. BHB investigators worked with pet owners to ensure compliance with all applicable state laws and city ordinances, including giving adequate time to have their pet vaccinated against rabies and obtain a current county dog license. Some cases with compliance issues were referred to the Bethlehem Animal Control Officer or Environmental Health Director for follow up and, when appropriate, citations. Additionally, owners reclaiming their dog(s) picked up as city strays were educated on PA rabies & dog laws. In many of these cases, owners were cited for failure to confine, lack of a rabies vaccine, and/or lack of a county dog license.

Objective 3: To reduce the number of unvaccinated, domesticated pets in the City by increasing the dissemination of information regarding local reduced-cost rabies vaccination clinic for Bethlehem City resident owners by December 31, 2014.

Achieved:

Animal exposure investigators provided the information for these low cost vaccination clinics to any animal owners who requested this information or had a dog or cat overdue for a rabies vaccine. This information was also provided to many owners reclaiming their stray dog(s) that were in need of a current rabies vaccine.

Objective 4: To reduce the transmission of rabies by providing education to a minimum of 50 people, including animal owners, victims, and medical professionals.

Achieved:

BHB staff who investigate animal exposures provided education to all victims and known owners both verbally and through a brochure that was provided with the standard letter that is sent out to animal exposure victims and owners. Information regarding rabies and the need to immediately report animal-to-human exposures was disseminated to local hospital emergency departments and urgent care centers. Animal bite prevention and rabies education materials were provided to attendees of the Northampton County Special Olympics at Liberty High School and at other community events attended by health bureau staff in the City of Bethlehem throughout the year.

**Public Health Education and Planning Division
Diabetes Today Program
2014 Performance Review**

Goal: To decrease the prevalence of diabetes in the City of Bethlehem.

Objective 1: To empower the Bethlehem community to develop appropriate interventions that will prevent or reduce diabetes complications and improve diabetes care.

Partially Achieved:

The Diabetes coalition met four times and approximately 5 programs were conducted with the Vive tu Vida themes. The coalition activities were put on hold until a solid evaluation plan was created to measure the objective of the program. Monthly themes continued to be posted on Facebook and Twitter by SLUHN, BHB and Broughal Middle School.

**Public Health Education and Planning Division
Playful City USA
2014 Performance Review**

Objective 1: To continue to promote “Play Day” in the City.

Achieved:

Play Day was conducted on July 23 at Bernie Fritz Memorial Park and over 100 community members attended.

**Public Health Education and Planning Division
Employee Wellness
2014 Performance Review**

Goal: To increase employee wellness program participation rates in order to create a healthier workforce, decrease medical costs to the City, and decrease sick time.

Objective 1: To improve participation in the Employee Wellness Program by December 31, 2014.

Achieved:

A total of 191 of participants enrolled in the program; 10 participants completed all three phases of the program; 61 completed phase one; and 38 completed phase 2. A total of 31 persons reimbursed for gym memberships every quarter.

Objective 2: To decrease city medical costs by 5% at the conclusion of the wellness initiative.

Not Achieved:

Medical costs continue to escalate. Medical Costs (N₂₀₁₄ \$ 7,840,000 N₂₀₁₃ \$ 6,627,739)

Objective 3: To improve employee and family health status by moving individuals from poor or fair health to good and excellent health by the conclusion of the wellness initiative.

Not Achieved:

Not able to obtain report from Capital Blue Cross as the quota is not met to have the report aggregated.

Objective 4: To decrease compensatory time used which causes overtime by 5% at the conclusion of the wellness initiative.

Not Achieved:

Not Achieved. Not able to obtain information from the city.

**Public Health Education and Planning Division
Healthy Woman Program
2014 Performance Review**

Goal: To reduce the mortality and morbidity rates of breast and cervical cancer within Northampton County by increasing the number of women who annually receive mammograms and pelvic examinations.

Objective 1: To provide comprehensive breast and cervical screening to one hundred forty (140) eligible women during 2014.

Achieved:

The Healthy Woman Program provided services to 212 women who had at least a screening mammogram, pap test and/or self-breast examination education.

Services provided in 2014:

Breast Biopsies = 23

Diagnostic testing of the breast = 100

Diagnosed with breast cancer =0

Diagnostic testing of the cervix =42

Women diagnosed with a pre-cancerous or cancerous condition were referred to the Breast and Cervical Cancer Program Treatment Program, which is funded by the

Department of Public Welfare in collaboration with the Healthy Woman Program to provide further breast cancer treatment to uninsured/underinsured women.

Objective 2: To provide case management to women diagnosed with an abnormal test result within ninety (90) days of notification.

Achieved:

Case Management was provided to 165 women who were diagnosed with an abnormal clinical breast examination, pap smear or mammogram. Case Management was provided to the women within thirty (30) days of the Bethlehem Health Bureau being notified of the results.

**Public Health Education and Planning Division
Highway Safety Program
2014 Performance Review**

Goal: To decrease injuries and deaths caused by motor vehicles in Northampton County.

Objective 1: To increase general traffic safety contacts by 10% in Northampton County by September 30, 2014.

Achieved:

Participate in monthly (12) enforcement meetings with the Lehigh Valley Regional DUI and Highway Safety Task Force. BHB reached out to all police departments to encourage attending these meetings.

Objective 2: To increase the number of Northampton County police officers Trained in PENNDOT approved educational programs by 5% by September 30, 2014.

Achieved:

BHB staff educated police officers and members of the Lehigh Valley Regional DUI and Highway Safety Task Force regarding aggressive driving, impaired driving and seatbelts statistics and problem areas within the Northampton County area. BHB staff coordinated a child passenger safety informational workshop for police officers. Due to a low attendance, the workshop was cancelled. BHB attended the training along with 6 police officers for the Survivor 101 training and Every 16 Minutes Training.

Objective 3: To provide education on specific PENNDOT focus areas to 100% of magisterial district justices by September 30, 2014.

Achieved:

BHB staff presented information regarding aggressive driving, child passenger safety, impaired driving and seatbelts to the magisterial district judges. Educational materials (handouts) and statistics regarding these topics were presented during one of their monthly meetings.

Objective 4: To coordinate and support Operation Safe Stop in a minimum of 3 schools by September 30, 2014.

Not Achieved:

Due to a delay in the approval of the Highway Safety Grant, this objective was unable to be achieved.

Objective 5: To Coordinate with PENNDOT's SPO for media coverage.

Achieved:

Media coverage was provided during the initial kick off of the pedestrian stings. Information was covered regarding motorist being cautious to pedestrian in the crosswalk.

Objective 6: To increase by 2% the number of motorists who have special needs who utilize the Yellow Dot program by September 30, 2014.

Achieved:

Education and informational cards were provided to 535 individuals regarding the Yellow Dot program. This program was created to assist citizens in an emergency following a traffic accident when they may not be able to communicate their needs to anyone assisting with the situation. (Law enforcement, EMS etc.).

Objective 7: To work with the Lehigh Valley Regional DUI and Highway Safety Task Force to plan and coordinate one regional law enforcement workshop.

Partially Achieved:

A child passenger safety informational workshop was scheduled for law enforcement officers. Due to a low attendance, the workshop was cancelled. Through the PA DUI Association, 16 trainings were available to police officers regarding ARIDE, DRE, and SFST.

Objective 8: To reduce fatalities caused by aggressive driving by 25% (n=11, 2012) in Northampton County by September 30, 2014.

Achieved:

Four colleges in Northampton County were contacted to promote safe driving.

Objective 9: To reduce crashes caused by aggressive driving by 10% (n=1865, 2012) in Northampton County by September 30, 2014.

Achieved:

Educational materials were provided to 4 police departments to enforce aggressive driving, DUI and seatbelts. In addition, 2 media events were done specific to aggressive driving.

Objective 10: To decrease the level of heavy truck violations by 5% from baseline by September 30, 2014.

Achieved:

Northampton County police departments conduct motor carrier enforcement regularly in an effort to keep our highways safe for all drivers. Officers make sure trucks don't exceed weights limits, look for equipment violations, bad brakes, lights that don't work and also look for signs that trucks may be carrying illegal items. Data at this time is not readily available.

Objective 11: To decrease fatalities involving heavy trucks by 50% (n=4, 2012) by September 30, 2014.

Achieved:

Northampton county police departments conduct motor carrier enforcement regularly in an effort to keep our highways safe for all drivers. Officers make sure trucks don't exceed weights limits, look for equipment violations, bad brakes, lights that don't work and also look for signs that trucks may be carrying illegal items.

Objective 12: To decrease heavy truck crashes by 5% (n=129, 2012) by September 30, 2014.

Achieved:

Northampton County police Departments conduct motor carrier enforcement regularly in an effort to keep our highways safe for all drivers. Officers make sure trucks don't exceed weights limits, look for equipment violations, bad brakes, lights that don't work and also look for signs that trucks may be carrying illegal items.

Objective 13: To decrease motorcycle fatalities by 15% (n=3, 2012) by September 30, 2014.

Achieved:

Media coverage was provided through the Lehigh Valley DUI/Highway Safety Task Force during Motorcycle Awareness Month. Messages were also posted on social media through Facebook and Twitter. The Crime Victims Council Motorcycle Run-Rally through the Valley September 21, 2014 – Lehigh Valley DUI/Highway Safety Task Force sponsors an ad to support this event.

Objective 14: To decrease motorcycle crashes by 10% (n=106, 2012) by September 30, 2014.

Not Achieved:

Unable to attend the MDA event.

Objective 15: To decrease crashes caused by older drivers by 5% (n=1041, 2012) by September 30, 2014.

Achieved:

Two presentations were conducted to senior groups that educated them on safe driving. A pre and post test was conducted to determine any change in behavior and knowledge. Information and handouts were provided to 35 seniors.

Objective 16: To decrease fatalities caused by older drivers by 25% (n=12, 2012) by September 30, 2014.

Achieved:

AARP was contacted and BHB completed an application to assist in providing activities and training courses for older adults. BHB staff attended 4 senior health fairs and educated seniors on driving safely. Education was also conducted for 500 individuals on how medication affects mature drivers and the Yellow Dot Program.

Objective 17: To increase proper use of child restraints to a 90% correct use rate by September 30, 2014.

Achieved:

BHB participated in 8 car seat checks in which 128 car seats were inspected and installed correctly. Four car seats were provided through a rental program for individuals in need. Two vouchers were provided through Lehigh Valley Health Network for individuals to receive a free convertible car seat. BHB staff also answered all calls with questions regarding the proper installation of car seats and PA Laws. BHB staff attended the NHTSA Region 2 Child Passenger Safety Conference, participated in the Cops and Kids event and provided car seat installation during this event to parents.

Objective 18: To decrease pedestrian injuries by 15% by (n=82, 2012) September 30, 2014.

Achieved:

A total of 5 pedestrian stings were conducted within the City of Bethlehem in collaboration with the Bethlehem Police Department, City of Bethlehem Department of Engineering and Lehigh Valley Health Network. The motoring public was educated on the need to be cautious of pedestrians in crosswalks and the need to be aware of your surroundings when commuting. A media event was conducted at the initial kick off.

Objective 19: To decrease pedestrian fatalities in Northampton County by 25% (n=3, 2012) on public roads by September 30, 2014.

Achieved:

A BHB staff person chaired the Citizen's Traffic Advisory Committee and held monthly meetings to review and develop solutions to pedestrian problems within the City of Bethlehem. Data was collected and analyzed to help identify problem areas. BHB collaborated with local pedestrian organizations and assisted with programs. Messages were posted on social media for National Walk to School Day and the Rails to Trails program.

Objective 20: To increase seatbelt usage to 90% (n=84%, 2012) in Northampton County by September 30, 2014.

Achieved:

Advertising was done during Teen Seat Belt Mobilization and Aggressive Driving Week. National Click It or Ticket mobilization was done between Allentown and Bethlehem Police Department. Motorists were educated during this event and messages were also posted on social media.

Objective 21: To decrease unrestrained fatalities by 15% (n=8, 2012) in Northampton County by September 30, 2014.

Achieved:

A seat belt survey was conducted and education was provided at Bethlehem Catholic High School. A pre and post evaluation was given during their bi-annual mock crash assembly. BHB also provided car safety kits to every student who was wearing their seatbelt. A seatbelt survey and education was also done at Freedom High School. Usage rate at 80% during pre-survey.

Objective 22: To maintain a zero percent bicycle fatality rate in Northampton County (n=0, 2012) by September 30, 2014.

Achieved:

BHB collaborated with local bicycle organizations to address problem roadways. Changes have been made to 2 roadways to improve safety for bicyclist when riding.

Objective 23: To decrease the bicycle crash rate in Northampton County by 10% (n=106, 2012) September 30, 2014.

Achieved:

BHB participated and assisted CAT with organizing and facilitating two bike derbies. A total of 461 students were educated and 173 students attended the event. A total of 138 helmets were distributed to children in need. BHB also participated in 7 Safety Town events educating 1,845 children on bicycle safety.

Objective 24: To reduce by 10% the number of bicyclists committing major violations on public roadways (riding the wrong way, not stopping at traffic

signal, riding on sidewalks) in Northampton county by September 30, 2014 (baseline 80%).

Achieved:

During CTAC and the Lehigh Valley DUI/Highway Safety Task Force, BHB encouraged all police officers to educate and enforce bicyclists who are riding incorrectly on the roads at all times. Accidents involving bicyclist are tracked through the GIS System. Data is analyzed and problem areas are addressed and evaluated during the CTAC meetings.

Objective 25: To decrease fatalities in crashes caused by 16 and 17 years old drivers by 25% (n=2, 2012) by September 30, 2014.

Achieved:

BHB staff attended the Impact Teen Drivers Training. "What Do You Consider Lethal?" teaches teens about good decision-making behind the wheel in an engaging and effective way. BHB also participated in Teen Seatbelt Mobilization. A total of 3 area high schools participated and 9 police departments in the Lehigh Valley participated. There was also a PSA on WAEB regarding Teen Seat Belt Mobilization.

Objective 26: To decrease crashes caused by 16 and 17 year old drivers by 10% (n=438, 2012) by September 30, 2014.

Achieved:

BHB collaborated with the Lehigh Valley DUI/Highway Safety Task Force to host their annual SADD Conference, which focuses on young people making positive decisions for their health and safety. A total of 93 students from 10 schools attended the SADD Conference held on April 11th in Northampton County. BHB also participated and assisted with the annual statewide Teen Safe Driving Competition held on May 13th. A total of 50 students attended this event. BHB staff participated and provided education regarding distracted driving to 135 students at Liberty High School. BHB and the Bethlehem Police Department conducted the Survival 101 program at two local high schools. Lastly, 773 students were educated at a distractive driving event at Nazareth High School, Liberty High School and Northampton High School.

Objective 27: To reduce impaired driving fatalities by 10% (n=8, 2012) in Northampton County by September 30, 2014.

Achieved:

BHB participated in the Lehigh Valley Trauma Conference providing the driving simulators for impaired and distracted driving. A total of 215 people attended the first day of the conference and 180 people attended the second day.

Objective 28: To reduce impaired driving crashes by 10% (n=605, 2012) in Northampton County by September 30, 2014.

Achieved:

BHB promoted media coverage during the Booze, Belts and Burns 4th of July campaign/event. A press conference was done at the East Side Fire House, recognizing officers with the top DUI and driving arrests. BHB also participated in the Click It or Ticket event during the month May.

**Public Health Education and Planning Division
Public Health Preparedness Program
2014 Performance Review**

Goal: To improve the public's health by advancing the City of Bethlehem's response to health-related emergencies through the development and implementation of preparedness plans, staff and citizen training, surveillance, disease management, partner agency collaboration, and enhanced communications.

Objective 1: Conduct epidemiological surveillance and investigation throughout the year to minimize morbidity and mortality rates in the City of Bethlehem by December 31, 2014.

Partially Achieved:

1. Staff conducted surveillance and investigation for all reportable disease reports received, utilizing disease surveillance systems as required and information was provided to local healthcare agencies, as needed. Communicable disease summaries were created and submitted to St. Luke's University Hospital and Lehigh Valley Health Network, for their infection control meetings. Monthly meetings were held with communicable disease investigators and public health nurses.
2. The Bethlehem Health Bureau utilizes NEDSS, RODS, EpiCenter, and NORS for disease surveillance.
3. Communicable disease rates in the City of Bethlehem are tallied on a monthly basis and entered into a spreadsheet that is shared with two local hospitals and health bureau staff.
4. The Bethlehem Health Bureau did not reach out to Lehigh University and Moravian College to discuss their being a closed POD, so no agreements were signed.

Objective 2: To increase the coordination between state, county, and local entities to improve the sharing of public health information by December 31, 2014.

Achieved:

1. The community stakeholder database was updated once in 2014.

2. Health Bureau staff participated in 35 preparedness-focused meetings with local, regional, and state partners. A Health Bureau representative(s) attended all of the Department's Statewide Advisory Committee meetings and attended state epi meetings, as available. In addition, staff participated in the Department's monthly county and municipal conference calls and participated in all regional task force and health and medical subcommittee meetings. Staff members attended meetings of the Lehigh County Citizen Corps Council and Lehigh Valley Health Network's Safety Peer Committee meetings.
3. Staff conducted or participated in 18 community outreach events and presentations regarding public health emergency preparedness and infection control. Staff participated in several local, regional, and state drills, including a table top exercise with the regional Health, Medical & EMS Committee and the PA Medical Reserve Corps (MRC) Intrastate Deployment Exercise. Internally, three drills were conducted to meet grant requirements: a dispensing throughput drill, a call down drill, and a facility set-up drill. The Bethlehem Health Bureau partnered with the Bethlehem Area School District to provide free influenza vaccines to students and their families, utilizing health bureau & school district staff, Bethlehem MRC, and student volunteers from East Stroudsburg University.
4. The Health Bureau also partnered with the Northampton County Special Olympics to promote public health emergency preparedness and provided 1st aid to attendees of the Special Olympics event in May 2014. A staff member worked with Lehigh County EMA to provide preparedness training to members of Lehigh/Northampton LINK.
5. An email to local faith-based organizations was sent out earlier in the year to local faith-based organizations in an attempt to solicit partnership opportunities. There was no response.

Objective 3: Increase capacity to handle a public health emergency through emergency response plan updates, training, and coordination with the City's Emergency Management Coordinator by December 31, 2014.

Partially Achieved:

1. Staff members and a public health intern updated sections of the Bethlehem Health Bureau's Emergency Response Plan, per the plan update cycle.
2. Emergency Management Coordinator held meetings with City Administration on improving emergency communication to employees.
3. As of the conclusion of 2013, approximately 450 City of Bethlehem employees, including first responders, had completed basic or advanced NIMS trainings. Training numbers for 2014 have not been provided to the Bethlehem Health Bureau.
4. While individual departments conducted their own trainings and/or exercises and drills this year, none were city-wide. The Bethlehem Health Bureau staff completed a PHEP training needs assessment-the results of which will be utilized to inform and direct that training plan. Preparedness trainings for selected or all staff are conducted on a monthly basis.

5. Many of the BHB preparedness-focused trainings did not assess pre/post-test knowledge in 2014.
6. An assessment was not conducted among local medical providers on the types of non-pharmaceutical interventions to be used during a pandemic response.

Objective 4: To maintain the established internal and external information sharing system by December 31, 2014.

Partially Achieved:

1. The Bethlehem Health Bureau emergency calling chain was updated as needed throughout the year. Staff were asked several times throughout the year to note any change in their contact information and the list was updated when there were staffing changes.
2. The community stakeholder database was partially updated during the year.
3. A Google shared site was established and pertinent emergency preparedness documents are now saved on that site. Multiple email listservs were created to align with the contacts in the community stakeholder database.
4. The community stakeholder database, which includes contact information for local health care providers, hospitals, schools, colleges and universities, media, emergency management, local public health officials, long term care facilities, homeless shelters, churches, and Pennsylvania Department of Health, was utilized to create email listservs that are located Global address book on the City server for all employees to access.
5. Dark sites were created for flooding, winter storms, power outages, and an influenza outbreak.

Objective 5: Facilitate or participate in one full-scale or functional exercise and three drills at the local, regional, and state level in order to better prepare for an emergency response by December 31, 2014.

Achieved:

The Bethlehem Health Bureau completed a functional full-scale exercise in February by conducting a drive through flu vaccine clinic at Bethlehem City Hall. A second drive through flu vaccine clinic exercise was conducted in November at East Hills Middle School. Three drills were conducted between September and November: a call down drill, a dispensing throughput drill, and a facility set-up drill. The Health Bureau also participated in quarterly drills of the PA DOH 800MHz radio through their Northeast District Office. Drill sheets/DSNS and After Action Reports were completed and provided to the PA DOH for all applicable drills and exercises.

Public Health Education and Planning Division Medical Reserve Corps 2014 Performance Review

Goal: To support and supplement public health services to strengthen community preparedness and assist in the response to emergencies that have an impact on public health, by maintaining a well-trained volunteer unit.

Objective 1: Recruit new volunteers and maintain 50% of volunteer base and increase active participation ability of volunteers to 30% by December 31, 2014.

Achieved:

1. Four new volunteer orientations occurred and two volunteer meetings were held, one in March and October.
2. One recruiting event was held in May in conjunction with NC Special Olympics.
3. Data in SERVPA is analyzed regularly to capture number of volunteers and demographic information.
4. A total of 8 community outreach activities and events were offered to volunteers.

Objective 2: Offer and participate in a minimum of three activities and trainings that provide education and increase the communication, capacity and knowledge-base of volunteers and the agency to respond to real-life public health events throughout the year.

Achieved:

1. MRC volunteers were integrated into the PHEP training plan.
2. One call down drill was completed utilizing SERVPA; 2 deployment exercises were completed, one through SERVPA and one through the PA MRC Intrastate Deployment Team.
3. One newsletter was developed and distributed to volunteers in May 2014.
4. Inventory assessment was completed in June 2014.

Objective 3: Develop an exercise plan and participate in a minimum of one SERVPA exercise by December 31, 2014.

Achieved:

1. One SERVPA call down drill was conducted.
2. One SERVPA deployment exercise was conducted.
3. MRC volunteers were integrated into the PHEP exercise plan.

Objective 4: Maintain SERVPA volunteer registry as primary database and offer at least one mission request through SERVPA by December 31, 2014.

Partially Achieved:

1. SERVPA is utilized as the primary database for tracking number of volunteers and demographic information.
2. A mission request was completed in conjunction with the PA MRC Intrastate Deployment Exercise.

Environmental Health Division Food Facility Inspections 2014 Performance Review

Goal: To decrease incidence of food borne illnesses and assure the quality of food establishments in Bethlehem.

Objective 1: To inspect all food facilities, using a risk based approach, by December 31, 2014, including restaurants, retail food establishments, schools, nursing homes, day care centers, churches, fraternities/sororities, temporary food stands, and mobile food units.

Partially Achieved:

In 2014, 765 food service inspections were performed (Table 1). All inspections were performed using a risk based approach, with each establishment receiving at a minimum one inspection. Those facilities recognized as being high risk were inspected a minimum of two times.

Table 1
Food Facility Inspection Summary

	2012	2013	2014
Permanent Food Facilities	470	501	522
Routine Inspections	527	450	487
Other Inspections (i.e. complaint, emergency response, follow-up, opening, owner change)	46	53	67
Temporary food stands licensed	163	201	207
Mobile food unit inspections	5	5	4
Total Food Facility Inspections	791	709	765

Objective 2: To conduct a baseline Risk Factor Study as outlined by Standard 9 of the Voluntary National Retail Food Regulatory Program Standards.

Partially Achieved:

Environmental staff continue to conduct the Risk Factor Study as outlined by Standard 9 of the Voluntary National Retail Food Regulatory Program Standards. Approximately 80% of the data was collected in 2014. The information will then be inputted into the FDA database and analyzed. This goal will be completed as part of 2015 goals and objectives.

Objective 3: To ensure the food program inspection staff have the knowledge, skills and ability to adequately perform the required duties.

Partially Achieved:

All individuals working in the food program (even for limited time frames) completed the Pre and Post Standardization coursework through FDA ORA-U, as described in Standard 2 of the Standards Program. The course work served as a basic review of concepts ranging from biology to standard inspection procedures and regulations. All staff also attended a two-day Pre-Standardization course offered by Pennsylvania Department of Agriculture and FDA. This course is a requirement for all candidates seeking Standardization in Pennsylvania.

Objective 4: Establish a system to detect, collect, investigate and respond to complaints and emergencies that involve foodborne illness, injury, and intentional and unintentional food contamination as outlined in Standard 5 of the Voluntary National Retail Food Regulatory Program Standards.

Partially Achieved:

A basic foodborne outbreak response protocol was developed and tested through a drill and an actual outbreak. An unannounced drill was held simulating a “real-life” food outbreak and staff were required to respond accordingly. After the drill, multiple suggestions and areas for improvement were noted from the staff and implemented into the protocol. The revised protocol must be re-tested and formalized prior to requesting a Verification Audit under the FDA Standards Program.

**Environmental Health Division
Institution and Facility Inspections
2014 Performance Review**

Goal: To assure protection against environmental hazards of all the residents in the institutions and to reduce the risk of environmental hazards at those establishments.

Objective 1: To inspect the physical facilities of all institutions (i.e. nursing homes, schools and daycares) and all recreation facilities (i.e. parks and swimming pools) at least once a year, including long term care facilities, recreational facilities, schools, public bathing places, daycares, and recreational facilities.

Partially Achieved:

Due to staffing shortages all nursing home, schools, daycare centers and public bathing places were not inspected in 2014. All food service operations within these facilities were inspected, however the facility/safety inspections were not completed. Although not all inspections were completed by City of Bethlehem personnel, various other state agencies did inspect the facilities. The Health Bureau is currently in discussion with the state agencies to determine if duplicate inspections are necessary in 2015.

Table 3
Institutional Inspections Summary

NURSING HOMES	2012	2013	2014
Long Term Care Facilities (LTC)	6	6	6
LTC Inspections	6	6	3
LTC in Major Violation	0	0	0
SCHOOLS			
Number of Public Schools	17	17	17
Number of Schools Inspections	17	17	12
Number of Schools in Major Violation	1	0	0
DAYCARE CENTERS			
Number of Day Care Facilities	26	26	28
Number of Inspections	39	32	14
Number of Major Violations	3	2	1
PUBLIC BATHING PLACES			
Number of Permitted Public Bathing Places	32	32	32
Number of Inspections	45	32	10
Public Bathing Places in Major Violation	0	0	0
Public Bathing Places Reinspected	0	0	0
Total Inspections/ Reinspections	45	32	0

Environmental Health Division Water Quality and Wastewater-Monitoring 2014 Performance Review

Goal: To insure quality water for the City of Bethlehem and surrounding areas.

Objective 1: To review all monthly reports sent by the Department of Public Works during current year in order to maintain quality and detect problems.

Achieved:

All reports from the Public Works Department were reviewed and archived. Health Bureau staff assisted with one (1) water distribution issue involving broken water mains in 2014. All complaints regarding water distribution and potential health hazards were referred to the water department and support was provided as needed.

Objective 2: When requested, conduct on-lot sewage inspections and issue necessary permits as required by State regulations.

Achieved:

Three (3) site inspections were conducted resulting in two (2) soil tests, two (2) plan reviews and two (2) permits being issued in 2014. All permits utilized conventional trench systems, no alternative or experimental systems were approved and/or installed in 2014.

Objective 3: To respond immediately to pollution incidents threatening natural bodies of water within the context of delegated responsibilities in this area.

Achieved:

No pollution incidents were reported in 2014.

Environmental Health Division Solid Waste Management 2014 Performance Review

Goal: To reduce the hazard of solid waste contamination in the City of Bethlehem.

Objective 1: To conduct investigations upon receipt of a complaint about a specific and serious health or sanitation problem involving solid waste at a facility without all appropriate state and local permits.

Achieved:

Constant monitoring of solid waste haulers occurred throughout the year. No issues concerning solid waste transport or storage at a facility was referred to Department of Environmental Protection in 2014.

Environmental Health Division Responsive Services 2014 Performance Review

Goal: To reduce the hazards of environmental pollution in Bethlehem.

Objective 1: To maintain the environment of the City relatively free of disease carrying vectors by extermination and removal of harborage areas.

Achieved:

In 2014, areas where water may accumulate was removed (abandoned tires and abandoned pools) through our nuisance abatement program. Due to lack of funding, approximately 95% of this work was by the Northampton County Vector Control and Penn State Cooperative Extension. Environmental staff assisted both county personnel as needed with surveillance and treatment especially during times of increased activity in the City (i.e. festivals).

Objective 2: To respond within three workdays to 100% of health related public complaints.

Achieved:

In 2014, 100% (n=1533) of all complaints were responded to within 48 hour working time period (Table 4). There was a significant decrease in complaints related to animals, weeds and unsanitary living conditions when compared to last year. When comparing multiple years, the numbers are closer to the general pattern, with 2013 showing variation from the norm. The highest complaint continues to be that from solid waste violations.

Objective 2: Begin to investigate all food-borne disease outbreaks in the City within the timeframe required for suspected agent of infection.

Achieved:

There were no confirmed food illness reported in 2014, however there were four food illness complaints, and one suspect outbreak. The suspect outbreak involved approximately 58 individuals all with similar on-set and symptoms. Since an organism could not be identified from either stool or food samples, the food illness is considered suspect instead of an actual outbreak.

Table 4

Summary of Responsive Services in the City of Bethlehem

Response to:	2012	2013	2014
Vector responses (rats or insects)	144	99	93
Weed Overgrowth	425	443	400
Solid Waste	849	684	844
Animal Problems (fecal, increased numbers, illegal animals)	121	92	69
Citizen Unsanitary Living Conditions	14	24	11
Food/ Restaurant Complaints	17	17	13
Sewage	1	1	2
Public Bathing Place Complaint	29	13	19
Other	238	114	82
Total Complaints	1,838	1,487	1,533
Confirmed Foodborne Outbreaks/People Ill	0/7	0/5	0/18

**Environmental Health Division
Lead (HUD) Assessment
2014 Performance Review**

Goal: To identify and eliminate lead hazards in pre-1978 housing.

Objective 1: To conduct a Hazard Risk Assessment within 30-days of Health Bureau's notification by inspecting all dwelling units or other structures occupied or frequented by children between the ages 6 months to 6 years diagnosed with elevated blood lead levels of at least 20 micrograms of lead per deciliter of whole blood or between 15–19 micrograms of lead per deciliter of whole blood in two consecutive tests taken three- to four-months apart.

Achieved:

No children of the defined age were identified as having a high blood lead level in 2014.

Objective 2: To perform risk assessments and lead hazard reduction in homes where a child under 6 years of age lives or spends significant amount of time (defined as more than 6 hours per week), and tenants meets applicable standards outlined in Lead Hazard Control Program and the Healthy Homes Program.

Achieved:

Thirteen (13) risk assessment/ healthy homes inspections were completed with the primary intent of enrollment into program. Of those thirteen, eleven (11) new cases

were enrolled into the program in 2014, all of which receiving healthy homes supplemental assistance. Examples of remediation included asbestos removal, pest control, water leak damage repair, smoking cessation, and fall/ injury prevention improvements.

Environmental Health Division Healthy Homes 2014 Performance Review

Goal: Prevent diseases and injuries that result from housing related hazards and deficiencies

Objective 1: Reduce the number of housing units that have moderate or severe physical problems.

Achieved:

Forty nine (49) housing units were enrolled in the Healthy Homes program in 2014 and if they were not up to date on their inspections, code enforcement was notified and the unit was brought back up to date. Any units that were already current on their inspections but had one or more violations were also referred to code enforcement for proper notice and either corrections or citations.

Objective 2: Increase the client's knowledge base of how to maintain a healthy living environment

Achieved:

Every client enrolled in the Healthy Homes program was provided with the appropriate education and materials and/or tools needed to gain and maintain a healthy living environment for all residents of the home, from newborn to older adults. Clients were often referred to additional outside agencies in order to assist them in their quest for a healthy home. Such agencies include the various family centers throughout the city, parent groups, WIC, the Hispanic Center, Visiting Nurses Association, Head Start, the Lead Hazard Control Program, the Housing Rehab Program and many of the Health Department's services including Tobacco Cessation, Partners for a Healthy Baby, Cribs for Kids, Insurance Assistance, the Car Seat Rental Program and Immunizations to name a few.

Objective 3: Decrease the number of homes that have lead based paint or related hazards

Achieved:

Six (6) clients enrolled in the Healthy Homes program were referred to and enrolled in the Lead Hazard Control Program for lead remediation/abatement. All six units completed the program and are either lead-free or the remaining lead is properly contained and no longer a hazard.

Objective 4: Decrease the effects of allergens in the home

Achieved:

Every client enrolled in the Healthy Homes program who claimed to have allergies or respiratory issues was given information regarding identifying and managing allergen triggers, and was also given supplies to help reduce/contain/eliminate allergen sources. Allergen sources were identified and suggestions/referrals were made to the client. When necessary, home owners or landlords were instructed to make contact with the proper pest management agency in order to eliminate pests, and in extreme cases code enforcement was called in to assist. Materials given out include but are not limited to: pest traps, Tupperware containers, allergen-free mattress and pillow covers and various cleaning supplies.

Objective 5: Decrease the number/severity of injuries in the home

Achieved:

Home injury hazards were identified and corrected or controlled in every unit enrolled in the Healthy Homes program. Clients were educated in what hazards to look for depending on the age of residents, type of home and environment the clients live in. Many modifications were completed by this department in order to ensure the safety of all residents, including installing a raised toilet seat for a senior home, securing hand rails and installing safety bars, distributing and installing smoke detectors and carbon monoxide detectors in the appropriate locations, distributing safety gates and additional safety items such as corner guards, outlet covers and cabinet locks for babies and small children, distributing and educating clients on how to use fire extinguishers, and education on creating a fire escape plan.

Environmental Health Division Animal Services 2014 Performance Review

Note: Animal Control is not a program of the Environmental Health Division, but is administered through the Bethlehem Police Department.

Goal: To identify and reduce possible environmental health problems due to over crowding and/or mistreatment of animals in an urban environment.

Objective 1: To permit all private residences within the City of Bethlehem housing more than six (6) animals, six (6) months of age or older. All residences with more than six (6) animals, six (6) months of age or older, not meeting the permitting requirements must remove the animals from the private residence.

Achieved:

The year 2014 continued to be a challenging year for animal hoarding situations. The health bureau worked with 2 challenging cases in 2014, each having close to, or over 100 animals in the home. Due to the lack of shelter to place these animals, the City of Bethlehem began working with the Philadelphia SPCA. The Philadelphia SPCA is a no-kill shelter that assists with taking the animals, providing necessary medical care, and then adopting the animals. In addition, the Philadelphia SPCA has taken lead on the various animal cruelty issues associated with these cases. No new animal permits were grants in 2014.

**Environmental Health Division
Education Services
2014 Performance Review**

Goal: To provide educational support for all environmental problems.

Objective 1: To educate food operators, facility staff, contractors, landlords and the general public about environmental safety including: sanitary hazards, animal sanitation, lead poisoning, vector caused diseases and proper waste disposal.

Achieved:

This is an ongoing process performed during the inspection of the establishments, or via press releases, informational brochures, and general public meetings.

Objective 2: To assist restaurant owners and workers obtain food employee certification by holding a minimum of one City of Bethlehem sponsored certification course by December 31, 2014 and proctor examinations as requested.

Achieved:

Three (3) ServSafe Food Manager's Certification courses were held in August, November and December 2014 to assist food facilities meet the requirements of licensure renewal. A total of twenty fifty six (56) individuals were instructed in Food Safety and sat for the credentialing exam immediately following the course. A total of nine (9) individuals received private instruction and testing after completing the required on-line course.

